

# THE DENTAL DIGEST



OCTOBER 1920

VOL. XXVI NO. 10

EDITED BY

GEORGE WOOD CLAPP, D.D.S.

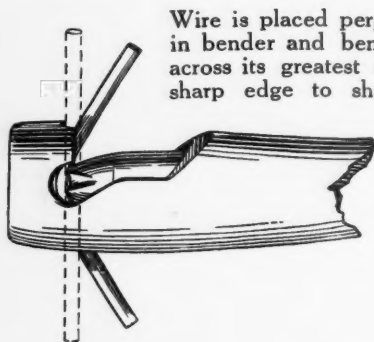
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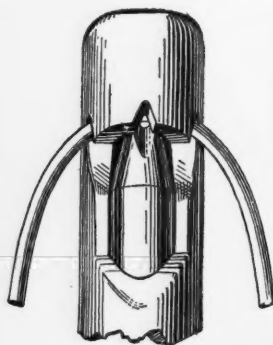
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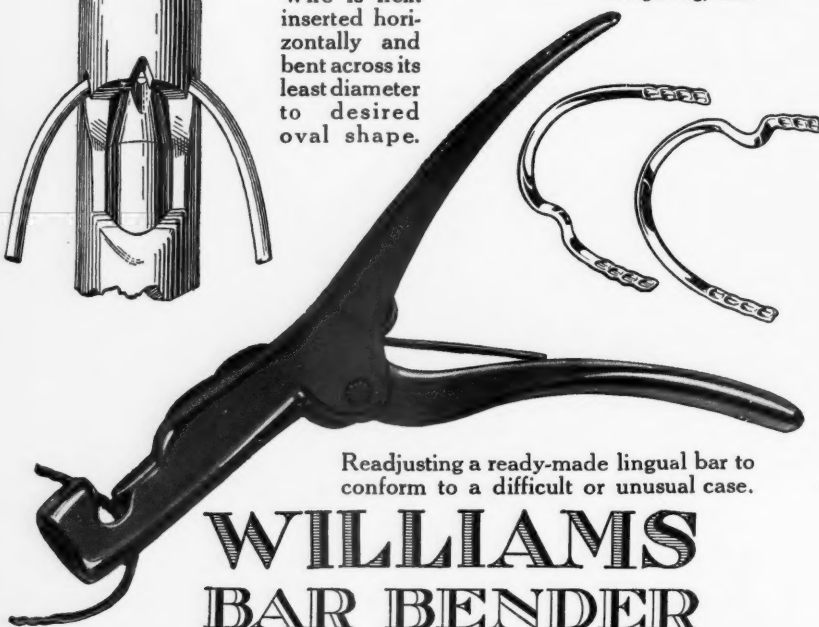
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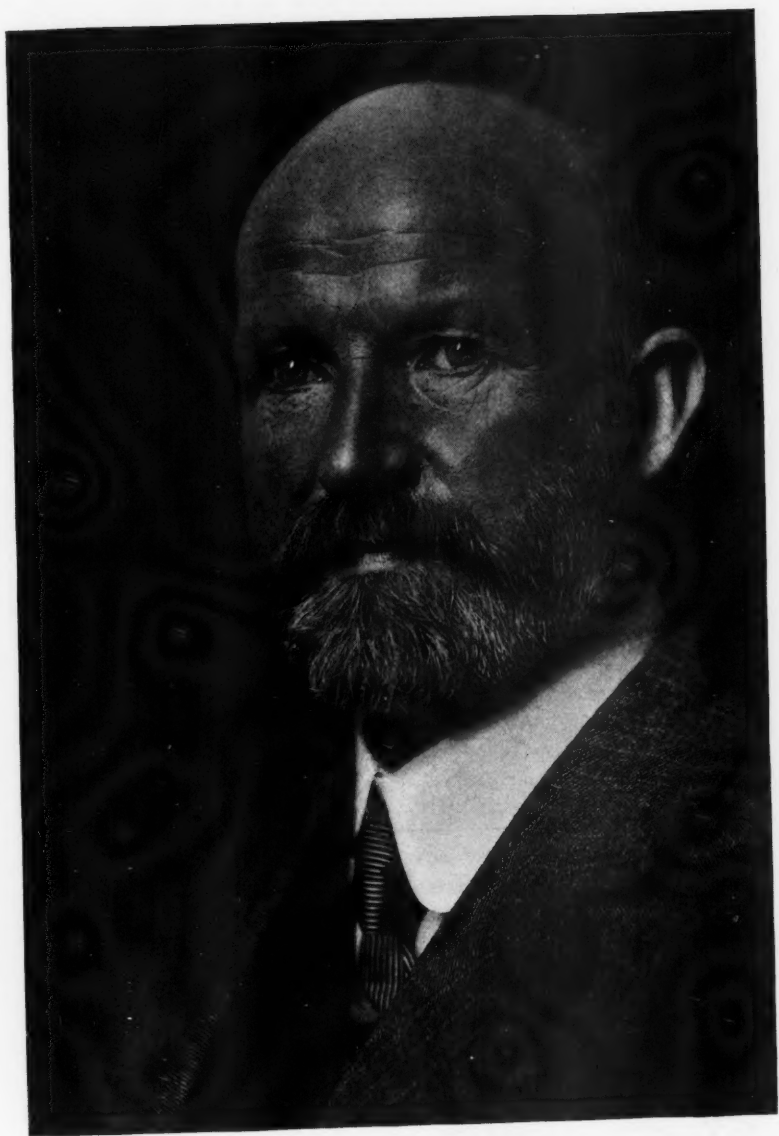
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# THE DENTAL DIGEST

Vol. XXVI

OCTOBER, 1920

No. 10

## Verdict Against a Dentist

Ethel L. Williams vs. Arthur N. Bauman, D.D.S.

(CONTINUED FROM SEPTEMBER)

### TESTIMONY OF DR. TWIGGER

Dr. Albert W. Twigger, witness called by the defendant, being duly sworn, testified as follows:

#### DIRECT EXAMINATION BY ATTORNEY FOR DEFENSE

Q. Dr. Twigger, will you tell us briefly what your experience in your profession of dentistry has been?

A. I was graduated from the New York College of Dentistry in 1894.

Q. Have you practiced dentistry in this locality or the state of New York since—tell us how long you have practiced?

A. I have practiced continuously for 22 years.

Q. Where is your—where do you practice now?

A. Ossining, New York.

Q. Ossining, New York?

A. Ossining, New York. Yes sir.

Q. You have been there for 22 years, you say?

A. Yes, sir.

Q. All right. Go ahead.

A. I have had that experience and have been president of the Ninth District Association.

Q. What do you mean when you say Ninth District Association?

A. The same as the Ninth Judicial District, Westchester, Putnam and other counties.

Q. The same as this Supreme Court district?

A. Yes, sir; the Ninth Supreme Court District.

Q. What counties does that include?

A. Westchester, Putnam, Dutchess, Rockland and Orange. I have been president and have been secretary of the state organization and a member of the National House—National Society. I have been engaged in clinical work and theoretical work through the different departments of the organization.

Q. So you are active today in these various associations and in the practice of dentistry, are you?

A. I am.

Q. Have you written any books, Doctor, on dentistry?

A. No books. No, sir.

Q. Any papers?

A. Yes.

Q. Vermonsters, or anything else?

A. I have written some papers.

Q. Now, Doctor, you sat in court here the other day—I think during all this trial, have you not?

A. I have.

Q. And you listened carefully to the testimony and I believe you heard it all?

A. Yes, sir.

Q. I will ask you specifically, Doctor, if you heard the hypothetical questions, which were similar, put to Dr. X. and Dr. Y.?

A. I did.

Q. On Thursday or Friday and perhaps today, or last week?

A. Yes, sir.

Q. You heard the conditions stated in that question existing when Mr. Williams went to Dr. Bauman for treatment; you heard the diagnosis that Dr. Bauman made of the situation, and you heard the conditions that presented themselves to him and on which he based his diagnosis, and you also heard the treatment that he administered to Mr. Williams?

A. I did.

Q. Do you remember having heard all those different things, and you have them in your mind now, have you not?

A. Yes, sir.

Q. Now I ask you first, if the diagnosis made by Dr. Bauman of the conditions assumed in the hypothetical question was in your opinion correct and proper and in accordance with the general practice of the profession of dentistry in this Ninth District?

Attorney for Plaintiff: That I object to on the ground that the hypothetical question does not set forth any testimony given by Dr. Bauman to indicate what his diagnosis was.

THE COURT: I think that is true, and there is no allegation of any negligence in making the diagnosis in the complaint. The sole allegation here is that he improperly treated the tooth. Objection sustained.

Attorney for Defendant: There is, I think, some evidence.

THE COURT: There has been of course a good deal of talk

and perhaps some evidence about the diagnosis. I don't remember what the hypothetical question covered entirely. I will overrule the objection.

Attorney for Plaintiff: Exception.

Q. (Question repeated.)

A. Yes, sir.

Q. Would you, yourself, have treated that condition described in the hypothetical question in the same way that Dr. Bauman treated it, according to the testimony and statements in the hypothetical question?

A. I would.

Q. In other words, was the treatment or the treatments administered by Dr. Bauman as described in the hypothetical question proper and correct in your opinion?

A. Yes, sir.

Q. And was it the treatment that was generally administered by dentists generally, dentists of standing in your profession?

A. The majority of the men in the profession would do this in that way.

Q. Was the treatment administered by Dr. Bauman, all the treatments, in accordance with the practice of dentists generally in good repute and standing in your district and community?

A. Yes, sir.

Q. Now, doctor, was the practice of taking X-ray pictures generally in use among the reputable members of your profession—when I speak of members of your profession I mean the reputable ones—if you make the distinction—in February, 1916?

A. In that class of cases, no sir.

Q. Has there been any advancement or improvement in dentistry in that regard or rather in the practice of taking X-ray pictures in all dental work since 1916?

A. The dentists as well as the public have made very much greater advancement within the last year or two. They are using it very much more today than ever before.

Q. And what do you say about their using it in 1916, by the profession?

A. Possibly one in one hundred was using it in any form.

Q. A great deal has been learned in dentistry by the use of that during the war?

A. Yes, sir. Has popularized it.

Q. Has popularized it in your profession a great deal?

A. Yes, sir.

Q. Now, doctor, in relation to this—you heard the testimony here of the application of this formo-cresol?

A. Yes, sir.

Q. And how it was applied by Dr. Bauman in this particular case?

A. Yes, sir.

Q. Was his work in that regard in accordance with the practice generally of the dental profession at that time?

A. It was.

Q. And is this formo-cresol something that was in general use for the purpose for which he used it in February, 1916, on Mr. Williams?

A. Yes, sir.

Q. And is it in general use today?

A. It is, indeed.

Q. For the same purpose?

A. Yes, sir.

Q. It is used daily in your profession?

A. Yes, sir.

Q. Do you use it daily in your profession?

A. Several times. Yes, sir.

Q. Did you ever hear, doctor, in your professional experience or in reading what was reported to be the experience of others, did you ever hear of this formo-cresol generating a gas sufficient, after a tooth containing it was capped, to force its way through the roots of the tooth and create conditions that would eventuate in blood poisoning?

A. There was no formo-cresol present after the cap was on—there was no formo-cresol present at that time, there could not be.

Q. Did you ever hear of such an instance?

A. No, never. Let me see if I cannot—let me illustrate for you—

Counsel for Plaintiff: No, I object to any illustration.

Q. Now, doctor, how long has this process known as ionization been practiced before today? Is it practiced today?

A. No, sir. I discarded it several years ago.

Q. And they left it discarded?

A. Yes, sir. There is not one in a thousand that uses it today. There is no value in it. That is the consensus of opinion.

Q. Dr. Twigger, in your opinion, based upon your professional knowledge and experience, can you state—what would you state as to whether or not the fact that Dr. Hunter found Williams suffering from an acute abscess after the tooth had been treated was proof or non-proof of chronic abscess?

A. It could not prove anything but the presence of an acute abscess.

Q. That is a very different thing from chronic abscess, isn't it?

A. Yes, sir.

Q. The fact that the acute abscess was present precludes the possibility of a chronic one being present?

A. Yes, sir.

## BY THE COURT:

Q. Doctor, can you from the hypothetical question that you listened to and based your opinion upon, can you tell the jury what in your opinion caused that abscess, the trouble with the man?

A. It may have been from an excess filling, or it may have been some escape from the gas from the little tubuli.

Q. Anything else?

A. It may have come from a little excess filling, or it may have come from some slight escape of gas from the tubuli.

Q. Those are the things it may have come from. It may have come from something not at all connected with the tooth?

A. Yes. From some infection of the circulation.

Q. An acute abscess is a serious thing, is it?

A. Not at all; only to your feelings.

Q. But it is not an unusual thing in dentistry, is it?

A. No, sir, we all have them.

## CROSS EXAMINATION BY ATTORNEY FOR PLAINTIFF

Q. I suppose you heard Dr. McLean testify when he was on the stand, didn't you?

A. I did.

Q. Now on that diagnosis of the condition of this man on February 18th, 1916, the first day Bauman saw him, what was the trouble with that tooth? Based on what you have heard testified here in court by Bauman—the testimony I read of Bauman?

A. Why it was—that it was a strangulated pulp, due to the circulation being cut off; that infection had not gotten very far with it; that decomposition had not begun to make its impression on the pulp.

Q. Well, there was an infection there then on February 18th, according to your opinion? Was there an infection there?

A. I don't know whether there was or not. There could be.

Q. Did you see anything the matter with the tooth on February 18th?

A. I know that the description would indicate that there was a broken down circulation. The pulp was intact.

Q. Well, what do you mean by intact?

A. It had not dissolved or been broken down by decomposition or dissolved. It was non-vital pulp.

Q. The pulp was dead?

A. Yes. It was non-vital pulp.

Q. What would that indicate to you?

A. That the circulation had been interrupted, a strangulated pulp.

Q. Well, when the pulp is dead and strangulated doesn't it tend to throw off something that would cause infection?

A. It does when it is well developed. It does not right away.

Q. Can you tell us from what you have heard Bauman testify or from the testimony of Bauman which has been read, as to how long this tooth had been non-vital on February 18th, 1916?

A. I could not say. No one could say.

Q. When did you first begin to use X-rays? I don't mean taking pictures yourself like Dr. McLean testified, but I mean using X-rays in dentistry?

A. In practicing aural surgery, or the ear, aural surgery I have used it for ten years. Not in dental operations that long.

Q. In aural surgery?

A. In aural surgery I have practiced it, necrosis; opening of the antrum, treating the antrum, and such things as are necessary apicoectomy.

Q. You have used X-rays for ten years in the line of dentistry, have you?

A. In my particular class of work, yes, sir.

Q. In other words you have recognized the X-rays as practical in the line of dentistry you are following?

A. Not in the dental line.

Q. In the line of dentistry that you have followed you have recognized the X-ray as practical for at least ten years.

Attorney for Defense: Objected to as irrelevant, incompetent and immaterial.

THE COURT: He said he used it in his line of dental work four years.

BY THE COURT:

Q. This surgical intervention that was spoken about, this cutting off of the root—what class of work would that be included in, aural-surgery?

A. Aural surgery, yes.

Objection overruled. Exception. I think that answers it.

BY ATTORNEY FOR PLAINTIFF:

Q. So that for the last ten years you have recognized the use of the X-ray as practical in the practice of dentistry that you have followed?

A. I have only been—

Q. Will you answer my question, yes or no?

A. No, no—

Q. Have you used it for ten years?

A. Yes, sir. But I did not use it for dental work only the last four years.

Q. Now you have not followed the other end of dentistry at all for how many years?

A. I have been practicing both. They go together.

Q. Well you have told us a little while ago that you were following aural surgery as I understand.

A. Yes, sir.

Q. Have you followed any other branch of dentistry in the last ten years, or have you specialized on aural surgery?

A. No. I am using both.

Q. Which do you devote the greater amount of time to?

A. According to the demands.

Q. You see I don't know what the demands of your services are, and I am trying to find out. Tell us which you devote the greater part of the time to?

A. Dentistry.

Q. What branch of dentistry?

A. Appertaining to the teeth.

Q. All dentistry appertains to the teeth, doesn't it?

A. Yes, sir.

Q. Doctor, why do you hesitate to tell me whether you devote the greater part of your time to aural surgery or to the filling of the teeth?

A. I do not.

Q. What do you do with the teeth?

A. What do I do with the teeth?

Q. Yes. Fill them don't you?

A. Fill them, yes, sir.

Q. And how many times have you run across a blind chronic alveolar abscess in your practice?

A. I am not just sure what you define as a blind abscess.

Q. I did not say a blind abscess. I said a blind chronic alveolar abscess.

A. A great many times. A great many times.

Q. How often?

A. I should say every day.

Q. It is quite a frequent thing?

A. A very common thing. Yes, sir.

Q. How do you know you have seen one?

A. There are several evidences of it. The symptoms of it are frequently redness or a little soreness, a little sore at the top or possibly a little neuralgia on the side of the face, on the jaw or in the ear.

Q. In other words, pain in the head?

A. Not necessarily. No.

Q. Not necessarily. But pain in the head?

A. Pain on the side of the face.



Q. Is this pain always in the same spot?

A. No.

Q. When you have neuralgia the pains are liable to be anywhere in the head, aren't they?

A. Some kinds of neuralgia.

Q. The neuralgia pains that you speak of as being one of the symptoms of a chronic blind alveolar abscess, do you always find the pains in the same part of the head?

A. Pretty near where the seat of the trouble is.

Q. Will you tell me as to whether you always find the pain in the same spot in every patient's head when they have a chronic blind alveolar abscess?

A. No, not in the same spot. They are in the region back of it.

Q. Well, pain in the head that you speak of, these neuralgia pains is a pain removed from the seat of the trouble, isn't it?

A. Not necessarily. No.

Q. Of course, not necessarily. But you draw a distinction between a pain that continues and neuralgia pain, don't you?

A. No.

Q. Was a pain which develops on tapping, is that a symptom?

A. Yes.

Q. And a pain on tapping, that is, so far as affecting the teeth, is one of the symptoms of chronic blind alveolar abscess?

A. Yes, sir.

Q. That is a different pain that you referred to as the neuralgia pain, isn't it?

A. Yes, sir.

Q. So that the neuralgia pain would be a separate and distinct symptom?

A. Yes, sir.

Q. From a pain in an affected tooth discovered by tapping?

A. Yes, sir.

Q. And is it a fact that that neuralgia pain is liable to be anywhere in the head?

A. Not from a blind abscess. No.

Q. But the fact that you found a pain in the head would put you on your guard, wouldn't it?

A. I would take notice of it.

Q. And when you took notice of it that would put you on your guard about filling?

A. It would depend on the character of it.

Q. If it was bad enough for the patient to come to you and complain about it you would fill that, even though you found out what caused the pain, would you?

A. Yes, sir, if there was any association.

Q. You would not ignore it?

A. No, if there was any association.

Q. In order to find out if there was any association you would fill it up, wouldn't you?

A. Certainly I would have to treat it.

Q. But the mere fact that the man told you he had a pain in his head would put you on your guard to such an extent that you would hesitate to fill it up?

A. Not if it was a medical case, unless there was association between them.

Q. I want to know if you will tell us yes, or no, whether you would follow up that pain that the patient complained of and satisfy yourself what caused it before you disregarded it?

A. Not in connection with this case, no.

Q. I am not asking you that, I am just asking you about pain in the head now. Not this case or any other case?

A. I am not a doctor of the head.

Q. I see. Now that you have told us that, answer this question, if you will. If you as a reputable practicing physician, had a man come in to you and tell you that he had a pain in his head which you say is one of the symptoms of a blind chronic alveolar abscess, would you ignore that or would you trace out and discover the seat of that pain before you did anything else?

A. It would depend on—

Q. Will you answer the question? Would you?

A. I cannot say. It would depend on the nature of the pain.

Q. We are assuming that the man told you he had a pain. You understand that, don't you?

A. Yes, sir.

Q. If he had told you that he had that pain wouldn't you follow up and investigate and see what kind of a pain it was?

A. If it were within my power.

Q. You would follow it up would you, or not?

A. I would refer him to a physician.

Q. You would not ignore it would you?

A. Not if it was outside of my case.

Q. Doctor, would you ignore it?

A. I would refer him to a physician.

Q. And you would not treat him until you had him report what his physician said?

A. I would go ahead with his case and get it cleared up.

Q. Notwithstanding the fact that this man complained that he had a pain?

A. Certainly I would.

Q. And before you knew what was the cause of the pain you would go ahead and finish him up, and get rid of him?

A. I would go on with my case.

Q. Without waiting to find out what caused the pain?

A. Yes, sir. Without waiting. I would get the case out of the way as soon as possible.

Q. In other words you would fill the man's tooth without knowing whether the tooth caused the pain or not. Is that right? Yes or no?

A. I would go ahead with my case. Yes, sir.

Q. You would fill the tooth with the man complaining of the pain without making any effort to find out where the pain came from or what caused it?

A. If there was no association between—

Q. I am asking you if you would go ahead and fill that tooth without finding out what caused the pain?

A. I would fill the tooth as soon as I could.

Q. Without knowing what caused the pain?

A. I would fill the tooth, yes.

Q. Without finding out what the cause of the pain was?

A. I would treat his tooth.

Q. Without finding out what the cause of the pain was?

A. I would expect the pain to disappear when I got my tooth treated.

Q. Then you would believe that the tooth was the cause of the pain, wouldn't you, if you believed that filling the tooth relieved the pain?

A. I would—

Q. Doctor, will you please answer my question?

A. Yes, sir. I would go ahead with my tooth.

Q. And you would go ahead upon the assumption that the tooth was the cause of the pain?

A. I would ignore it.

Q. You would ignore it?

A. Yes, sir.

Q. So that you would ignore the pain which you have already admitted to be one of the symptoms of a chronic blind alveolar abscess, would you?

A. At that time—

Q. Would you?

A. At that time I would.

Q. How many chronic blind abscesses have you treated in that way?

A. I could not tell you. A great many.

Q. About how many?

A. I could not tell you. Hundreds of them.

Q. How many years have you ignored the pain and filled the tooth when the patient came to you and told you that he had a pain which was a symptom of a chronic blind alveolar abscess?

A. I have cured hundreds of them that way.

Q. Many times, have you?

A. A great many times.

Q. Well you will admit, won't you, that a chronic blind alveolar abscess may cause an infection?

A. Yes, sir.

Q. Wait until I get through.

A. Exactly, sir.

Q. Which may result in blood poisoning?

A. I have never heard of a case.

Q. Did you ever hear of anybody having blood poisoning from a bad tooth?

A. No, not directly.

Q. Well, either directly or indirectly?

A. Indirectly, yes, sir.

Q. How many times have you heard of them?

A. Oh, half a dozen times.

Q. So that you admit then that you know that blood poisoning may come from a bad tooth?

A. No.

Q. You have heard of it?

A. No.

Q. Didn't you just tell the jury you have heard of it?

A. No, I did not say so.

Q. Didn't you tell us that you heard indirectly of people having blood poisoning from a bad tooth?

A. No. It did not come from the teeth, it came from complication, necrosis or something of that kind.

Q. Well, you have heard of people having blood poisoning from a complication or complications which have resulted from a bad tooth?

A. Yes, sir.

Q. Will you admit that?

A. Yes, sir.

Q. And you will admit, won't you doctor, that a chronic blind alveolar abscess sometimes causes an infection which through complications causes blood poisoning?

A. No.

Q. You have never heard that?

A. Through the complications.

Q. Notwithstanding with the knowledge on your part you would

go ahead and seal up a tooth without finding out whether this pain was a symptom of chronic blind alveolar abscess, would you?

A. I would go ahead, yes.

Attorney for Defense: I want to call Dr. Guion. Dr. Guion attended here all day yesterday but he had to go away, but he will be here in a little while. If I can have a few minutes to get him.

THE COURT: We want to go on as fast as possible.

Attorney for Defense: My examination of Dr. Guion will be very brief.

THE COURT: We will take a recess to ten minutes of three.

Recess to ten minutes of three.

### TESTIMONY OF DR. GUION

Dr. Clarence C. Guion, called as a witness for the defendant, being duly sworn, testified as follows:

#### DIRECT EXAMINATION—BY ATTORNEY FOR DEFENSE:

Q. Doctor, you are a practicing physician I understand?

A. Yes, sir.

Q. And you live where?

A. New Rochelle.

Q. That is where your practice is principally carried on?

A. Yes, sir.

Q. Did you have any connection in February and March, 1916, with the hospital in New Rochelle?

A. Yes, sir.

Q. What was that connection?

A. I was one of the visiting physicians.

Q. You had been with them some time before the case of Mr. Williams was brought to your attention?

A. Yes, sir.

Q. Did you know Mr. Williams before he became an inmate or patient at the hospital?

A. I did not.

Q. Now, doctor, I have asked you to be summoned here to tell the Court and jury what connection you had with the Williams case, what you observed in regard to it, and generally what you know about it, just as a hospital case. It first came to your attention when, doctor, that you recall?

A. I think on the 12th of April the night Williams was admitted to the hospital.

Q. And did you have anything to do with the case? I mean did you make any examination or were you consulted in regard to it?

A. Just at the time of my visit there that evening; the time he was admitted. He was admitted in the evening and I was in consultation with Dr. Reardon at about I think ten o'clock that night.

Q. Doctor, do you remember and can you give us a description of this condition at that time so far as it presented itself to your observation or examination of any kind?

A. Why, yes. He was admitted with a very high temperature, I think it was approximately 105, maybe 106; Dr. Reardon had been treating him and had sent him into the hospital. We went over him that evening carefully. We examined him for symptoms of brain trouble, lung trouble, heart trouble, abdominal trouble; in fact, made a fairly careful examination, as well as one could do at that time of night. We could find nothing to explain his temperature other than these cuts on the back of the head, which Dr. Reardon told me he had made either the day before or forty-eight hours before. I would not say we discussed the possibilities as to the cause of that temperature; we took a number of different things into consideration and we outlined in a way a number of tests which should be made; but finding nothing at that time to explain his temperature other than these cuts we came to the conclusion that he was absorbing pus, and probably it was from these wounds which had been opened in this case, and we decided that these cuts were not large enough to permit the pus to pass away, and so I chloroformed him and Dr. Reardon made these cuts larger that evening.

Q. Well did you at that time, doctor, find anything in his condition that in your opinion might be attributed to any abscess of a tooth?

A. There was nothing there that we could say was caused by the teeth.

Q. That was your medical opinion after a careful examination of the man?

A. Yes, that is so.

Q. That the condition that you found him in was not caused by the condition of the tooth?

A. We could not see any connection between that and the tooth.

Q. You saw no such thing or any connection as that with the high temperature to show that septicaemia was present?

A. We thought septicaemia was present but could not prove it; it could not have been proved without further tests being made. We thought it was due to absorption of the pus through the cuts.

Q. From the cuts?

A. Yes, sir.

Q. From the cuts which had been made before you were consulted in the case at all?

A. Yes, sir.

Q. By Dr. Reardon?

A. By Dr. Reardon.

Q. Now what was Dr. Reardon's connection with that hospital, or did he have any connection, that is with the hospital?

A. I do not think at that time Dr. Reardon had any official connection with the hospital. The private rooms in the hospital are open for the use of all physicians in town, and Dr. Reardon had simply used that privilege to admit Mr. Williams.

Q. He was Dr. Reardon's patient?

A. Dr. Reardon's patient.

Q. So even after he came to the hospital, after Mr. Williams came to the hospital he remained from the time of his entry until the time of his death, Williams did, remained under the general care and direction and the patient, private patient, of Dr. Reardon?

A. Yes, sir. You are right.

Q. And he, so far as you know, he had the entire charge of Mr. Williams as his patient?

A. He absolutely did.

Q. And administered to him whatever treatment he received?

A. Right.

Q. Attended to him, had all to do with him except in this one case when you were in some way or other consulted?

A. Yes, sir.

Q. From the time of Williams' entry to the hospital?

A. Yes, sir.

#### CROSS EXAMINATION—BY COUNSEL FOR PLAINTIFF

Q. Do you say that Dr. Reardon did not take anybody else into consultation in that case?

A. Dr. Reardon was the attending physician.

Q. That is not the question. Do you mean to tell this court and jury that Dr. Reardon outside of when he consulted with you on that night in question did not consult with any other doctor in the case?

A. Why, of course, I believe that he did. Of course I am not—

Q. That is not what I want. You have made the statement that besides the consultation with you the night Williams was admitted he did not call anyone else?

A. I think you are mistaken. I do not think the question was put that way.

Q. You do not mean to say that?

A. I do not think the question was put that way.



Q. Well, I will put it this way. Did he consult with anybody besides you?

A. As hearsay in the hospital I believe—

Attorney for Defense: Objected to.

BY THE COURT:

Q. Do you know positively of your own knowledge?

A. Simply hearsay in the hospital. I had no further connection with the case except that evening.

BY ATTORNEY FOR PLAINTIFF:

Q. Did you go in and see him after that first night?

A. I did sometimes.

Q. How often?

A. I do not know.

Q. About how often?

A. Visited occasionally the room after he came in.

Q. Was it on more than one occasion that you saw Williams?

A. Not professionally.

Q. You saw him with your eyes more than once after he came to the hospital?

A. Yes, sir.

Q. At any rate you saw him there in the private room which he was occupying?

A. Yes, sir.

Q. And that was after the first time when Dr. Reardon had taken you in and you assisted him in this examination of the man?

A. Yes, sir.

Q. How many times did you go in and look at him after the first time?

A. I don't remember.

Q. Did you see him the next day?

A. I really cannot remember.

Q. Well, he was taken there on the 12th and died on the 20th. Could you give us what days it was that you walked into the room and looked at him after the first night?

A. I could not say sir.

Q. How often?

A. Possibly two or three times.

Q. Now at the time you had this talk with Dr. Reardon the night of the examination, of course you formed your opinion in part on the history of the case, didn't you?

A. Yes, sir.

Q. That is what all doctors do?

A. Yes, sir.

Q. It is not only what you see that enters into it but you know the history of the case probably the day you are called in? Is not that so?

A. Yes, sir.

Q. Well, you know that you and Dr. Reardon at this conference or consultation, you knew on that occasion, that about the 27th of March there had been an abscess on his tooth?

A. Dr. Reardon mentioned that and we carefully punched his jaw—pardon me—we palpated the jaw to see if there was any tenderness there at that time.

Q. Well, then you took the abscess on the jaw into consideration.

A. We discussed it.

Q. Did you take that into consideration?

A. Yes, sir.

Q. You found nothing else that would indicate any breakdown on this man's system, did you?

A. No, sir.

Q. So outside of these cuts or incisions on the back of the head the man outside of the septicaemia which you thought he had, his organs seemed to be in pretty good condition?

A. As far as we could make out that night.

Q. You found no other wounds on his body?

A. No other wounds.

Q. When you say "absorbing pus," what do you mean, doctor? I understood you to say he was absorbing pus.

A. Yes. Well that is probably wrong. He does not absorb pus. He absorbs the toxins produced by the germs which make pus.

Q. That pus was coming out of these incisions, was it not?

A. Those cuts in the back.

Q. So when you used the expression "absorbing pus" from the wounds in the back of his head that was an error?

A. I thought that he was absorbing the products of the retained pus.

Q. That come from the cuts?

A. Yes, sir; come from the cuts being opened.

Q. It may have come from other places in the body, may it not, the toxins?

A. Well, I doubt very much if that temperature could be caused by the absorption of a large amount of pus which we could not find that night.

Q. Well, the man already had blood poisoning when you saw him?

A. We did not know, sir.

Q. You thought he had?

A. We did not know, sir.

Q. When did you find out that he had?

A. I beg pardon?

Q. You told us that you caused some further tests to be made and in answer to a question by the attorney for the defense you said that he had septicaemia.

A. We thought he had that night.

Q. That was your diagnosis then, was it not?

A. Why, no. I do not make diagnoses off-hand.

Q. Well, in your opinion—didn't you tell Dr. Reardon that in your judgment he had septicaemia that night?

A. I don't think so. We said we thought he was absorbing pus and that the cut was not large enough to allow the exit of that pus.

Q. Your idea in making the cuts or incisions larger was to allow the pus to run out?

A. Yes, sir.

Q. And thereby relieved that irritation and the danger of septicaemia. Is not that so?

A. Right.

Q. If the man did not have septicaemia what did you want to get the pus out for?

A. Why, at that—

Q. I am asking a simple question. I am not a doctor; this jury are not doctors; we have to ask simple questions so that the jury can understand.

A. We thought at the moment that we saw that there was irritant pus and advised making the cuts there to let it out.

Q. I see. You were using your many years' experience as a good physician and giving the best you possibly could? Is that correct?

A. Right, sir.

Q. Now blood poisoning is not a thing that occurs as quick as you would snap your finger, is it?

A. Yes, sir, it is.

Q. Just as quick as you would snap your fingers. Is that right?

A. Yes, sir.

Q. Does the infection start in to get worse at once?

A. It does, sir.

Q. So that the fact that a man had abscess on his tooth at the end of March would not be any occasion for this condition at the end, on the 12th of April, would it?

A. He could not acquire acute blood poisoning such as we saw him with for an extended period from March to April; he could not have had it.

Q. Now what do you mean by "acute blood poisoning"?

A. Such as the man had there with repeated chills, fever 105-106, profuse sweats.

Q. Does that condition, such as you have just described, does that come on as quick as a snap of your fingers?

A. Yes, sir.

Q. How long does that continue?

A. Until the patient dies.

Q. How long would you say it continues?

A. Depending entirely on the virulence of the poison.

Q. In other words, some bugs would let a man live longer than others. Is that so?

A. Yes, sir.

Q. That is some certain kinds—I use the word “bugs” because that suits my vocabulary better—some bugs a man might have blood poisoning from; is that not so?

A. Yes, sir.

Q. And as the bugs became more prominent and as they increase the danger of the condition increases. Is that so?

A. No. The case was from the beginning depending on the virulence of the poison.

Q. I suppose sweats are one of the indications of blood poisoning, aren't they?

A. Yes, but there are all kinds of sweats.

Q. I know. But take the sweat that you refer to?

A. Yes, sir.

Q. That does not indicate blood poisoning?

A. No, it does not.

Q. In March or April he sweated so that he left marks on the chair when he sat?

A. That is not all.

Q. That you would not consider one of the symptoms of blood poisoning?

A. Not at all, sir.

Q. Of what would you consider it a symptom?

A. Probably weakness.

Q. Does not blood poisoning weaken the system?

A. Yes, sir.

Q. And does not the system become gradually more weak and more weak under blood poisoning conditions?

A. Yes, sir.

Q. And after the system becomes weakened considerably then you get these violent sweats?

A. Not from more weakening. The sweating from blood poisoning is a condition that you would have to change not only your bed linen but your night clothes and blankets inside of half an hour. The sweatiness

from weakness might make things damp, and it might make your clothes wet, but not the terrible sweat of acute septic condition.

Q. As the septic condition progresses don't the sweats become more violent?

A. No.

Q. They are just as violent the first day as they are last?

A. I said it would depend entirely on the violence of the poison.

Q. I have got you now. Sweating comes with blood poison?

A. Yes, sir.

Q. Sweating is one of the symptoms of blood poisoning, is it not?

A. Yes, sir.

Q. You say yes now instead of no?

A. But not sweating alone, sir. Sweating following fever and chill.

Q. Leave everything else out. Is sweating one of the symptoms of blood poisoning?

A. Yes, sir.

Q. So that if this man did sweat so that he wet the chair he sat on, and if he sweated so that he wet the clothes of the bed, taking that alone and eliminating everything else, was that one of the symptoms that you would find in blood poisoning? It was, was it not? Will you answer my question?

THE COURT: If you can.

A. I know, but it is a silly question.

Q. You cannot answer that question?

A. (No answer.)

Q. (Question repeated by stenographer.)

A. Yes, sir.

Q. Chills are another symptom, are they not?

A. Yes, sir.

Q. And the chills with high temperature are symptoms of blood poisoning?

A. Yes, sir.

Q. So that if you find chills plus high temperature—

A. Yes.

Q. Plus sticky sweat so as to wet your chair you sit on—

A. Yes, sir.

Q. And so as to wet your bed clothes, that might be a symptom of blood poisoning?

A. Yes, sir.

Q. Now you have heard, I suppose, doctor, haven't you, of the fact that men have had blood poisoning which resulted from bad teeth; I use the word "teeth" in the general sense?

A. May I ask you, if you mean acute or chronic blood poisoning?

Q. I mean blood poisoning of any kind.

A. Chronic blood poisoning, yes, sir.

Q. So that it is possible for an infection to originate in the teeth and to get into the blood and eventually develop into blood poisoning?

A. It is possible if—

Q. Won't you answer my question?

A. I am trying to answer the question.

Q. (Question repeated.)

A. Yes, it is.

Q. Did you know that an abscess had existed in this man's tooth about the 25th or 27th of March prior to the date you examined him?

Attorney for Defense: Objected to as one of the questions in this case.

THE COURT: Are you speaking of the abscess which Doctor Hunter treated?

Attorney for Plaintiff: Yes, sir.

THE COURT: There is no question about that.

The Witness. That is right. Yes.

Q. And an abscess discharges certain bad matter, does it not?

A. Yes, sir.

Q. And it is an open wound?

A. Yes, sir.

Q. And infection can get in through that open wound can it not?

A. Yes, sir.

Q. And is it not a fact doctor that one of the most frequent causes of conveying poison is the saliva in the mouth?

A. Most frequent of causes?

Q. One of the most frequent causes of conveying germs, the saliva of the mouth?

A. Yes, sir.

Q. And if the saliva in the mouth is a frequent cause of conveying germs, that saliva could convey a germ to an open wound in the gum could it not?

A. Yes, sir.

Q. And if there was a germ, a blood poison germ in that saliva it could get into the gum through that open wound?

A. Yes, sir.

Q. Did you know that this man had an open wound on March 27th?

A. Did I know that he had an open wound on March 27th?

Q. About March 27th?

A. I knew he had an open wound; sure.

Q. So that if the man did have blood poisoning when you saw him on April 12th, that open wound which existed in the mouth on or about

March 27th, where the abscess on the tooth had burst, that would be one of the ways in which the blood poisoning could get started. Is not that so?

A. Possibly, sir.

Q. These wounds on the back of the head where the cutting had occurred. I suppose you discussed these with Dr. Reardon?

A. That cut was there.

Q. You discussed that with him?

A. Yes, sir.

Q. And he told you he had opened those wounds for the purpose of letting the pus run out?

A. Yes, right.

Q. Is that correct?

A. That is right, sir.

Q. And you told him to make those bigger?

A. Right, sir.

BY ATTORNEY FOR DEFENSE

Q. And one of these incisions would have been a port of entry for these germs to get in and create a blood poisoning condition?

A. Very readily.

Q. That is one of the most frequent ways in which blood poisoning and septicaemia is brought about?

A. Yes, sir.

Q. Opening wounds on the body?

A. Yes, sir.

Q. That is the whole theory of septicaemia, is it not? That there may be a port of entry through the body or some way into the anatomy of a man?

A. Yes, sir; right, sir.

Q. And you say you found no reason for this condition in your only examination, for this condition of high temperature except these incised wounds?

A. That is all we saw.

Q. And being there the only thing in your opinion to do was to make them larger?

A. Yes, sir. Right.

Q. So that the pus might have more ready access away from the infected part?

A. More ready exit.

Q. More ready exit from it?

A. Yes, sir.

Q. Departure from it?

A. Yes, sir.



## BY THE COURT:

Q. Doctor, do you mean that the wounds you found there indicated to you the cause of the septicaemia was the condition that lay back of the wounds before the cuts were made?

A. The wound in itself?

Q. The wound in itself.

A. Yes, sir.

Q. Now, if this man had septicaemia before the cuts were made would the formation of these pus sacs or abscesses in the back of the head be something which you would naturally expect to find with septicaemia?

A. If he had—let me understand what you mean?

Q. If he had septicaemia, would you expect to find the formation of the abscesses in the back of the head, or somewhere else?

A. You certainly could; yes, sir.

Q. You would?

A. Yes, sir; you would.

## BY ATTORNEY FOR DEFENSE:

Q. But there was no indication to you that he had it then, as I understand you?

A. Why, no; the abscesses had been treated and had been opened.

Q. Why were they opened?

A. The abscesses were opened; cut open the abscesses—

Q. Yes.

A. And we found that the cut was not big enough to let out all the pus, to clean out all the pus.

Q. Well, doctor, it is not an unusual thing to cure abscesses just that way, is it?

A. That is the way we generally cure them.

Q. And still when these cuts are made is not that considered a delicate operation, and does not that frequently—does not blood poisoning frequently ensue from that cause?

A. Very, very readily.

Q. And that would be possible, would it not, even where the blood poisoning had not existed before?

A. It is quite probable and quite possible. You have a raw surface; you have pus underneath; you make a cut through the healthy tissue and open it for the blood poison; the pus flows over this area when poison germs gain access to it and produce septicaemia.

Q. The conditions of that germ is likely to be present in the air, is that so?

A. The air. But there in the event you make a cut, a raw cut

through the skin where lay blood vessels wide open to this pus to come out upon and flow over that raw surface.

Q. That is one of the things that physicians are very careful to guard against?

A. We do.

Q. That is the reason, the principal reason for sterilization, is it not?

A. It is, sir.

Q. And the care in making these incisions, even what might seem to be trifling wounds, in any part of the human body?

A. Yes, sir; right, sir.

BY ATTORNEY FOR PLAINTIFF:

Q. In making up this diagnosis or whatever you call it, you found out before there had been any cuts at all so that the bugs could get into the case, that the man had abscesses in the back of his head, didn't you?

A. Surely, yes.

Q. In other words, he had the pus in his head before anybody stuck a knife into him?

A. I have already said that does not mean septicaemia.

Q. I did not ask you what you meant. You did know he had lumps in the back of his head?

A. Dr. Reardon told me so.

BY ATTORNEY FOR DEFENSE:

Q. That is all you know about that, doctor?

A. That is all.

BY ATTORNEY FOR PLAINTIFF:

Q. So that before they put a knife into him at all this condition of pus existed inside the man's skin which was not broken?

A. Inside the man's skin; yes, sir.

Q. Of course something has to cause that existence of pus that was found?

A. Right, sir.

Q. Is that correct?

A. Right, sir. A multitude of things might cause it.

Q. And the pus that you are talking about that was in these sacs in the back of his head is the pus in which the bugs existed?

A. Right, sir.

Q. That had to pass over the good skin after it was cut?

A. Right, sir.

Q. So that until you did cut it the bugs were swimming around under the man's skin, weren't they?

A. Right, sir.

Q. And if you did not get them out they would swim somewhere else in his body?

A. No. They are enclosed in what we call a membrane, which lines the abscess cavity.

Q. But as that cavity gradually increases they leave there?

A. It is bound to burst.

Q. And if that bursts before you cut it to relieve them this pus from the inside runs over this raw surface?

A. No. That breaks outside. It breaks at the point of least resistance.

Q. Then it breaks through this good skin that you have been talking about?

A. No. The skin itself becomes bad as a result of the extension of this abscess.

Q. Well, we have got the bugs enclosed inside the man's skin now, haven't we?

A. In an abscessed cavity.

Q. What did he cut it open for?

A. To relieve the temperature.

Q. You cut it to relieve the patient too?

A. It relieves the patient and gives an exit for the pus.

Q. And it allows the pus to run out?

A. Yes, sir.

Q. In other words, you cut it so as to relieve the condition that was then existing inside?

A. Yes, sir.

Q. And if that condition was allowed to remain it might develop into blood poisoning?

A. Right, sir.

BY THE COURT:

Q. Suppose the man had the lumps before the cuts were made in the head, would that be an indication that he had this disease you have spoken of?

A. Septicaemia?

Q. Yes.

A. No. That is from absorption of toxins which is the poison produced by the development of the germ.

Q. That was the cause of the high temperature?

A. That was the cause of the high temperature.

## BY THE ATTORNEY FOR THE DEFENSE:

Q. He may get them and not have blood poisoning at all—is that right?

A. Absolutely.

Both sides rest.

THE COURT: We will adjourn now and you can sum up in the morning.

Attorney for Plaintiff: Let the record show that there will be no more witnesses called.

THE COURT: The testimony is closed.

THE COURT: We will take a recess until tomorrow morning.

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## The "Finish" of a Dental License Fraud Case

(Article furnished by Dept. of Law Enforcement of Boise, State of Idaho.)

Eight months in the Ada county jail and a fine of \$750 each, to be paid out in jail at the rate of one day for each \$2 in default of payment, was the sentence imposed upon Dr. W. A. Myers, former secretary of the state dental board and Dr. V. A. Fitzgerald, convicted by a jury of a conspiracy to ask and receive bribes for dental licenses. Notice of appeal to the supreme court was given and Judge Reddoch granted a writ of probable cause pending the appeal.

The sentence brought to a close one of the hardest fought legal battles in the history of the Ada county district court in many years. Dr. Myers was arrested in Boise the latter part of November, 1919, and Dr. Fitzgerald at Lewiston shortly afterwards.

The information which led to the arrests was largely uncovered by the department of law enforcement, which, at its organization in April, 1919, took over the administration of the dental license laws as well as the laws governing twelve other licensed professions.

### HISTORY OF CASE

After several postponements the case came to trial in district court before Judge Reddoch. One of the chief witnesses in the case was Albert White, a former member of the state constabulary, who assisted Sheriff Pfof in the arrest of Dr. Myers. He testified that at the time of the arrest he secured several letters and papers at the Myers home which he had turned over to the department of law enforcement. Among these letters was one written by Fitzgerald to Myers, in which Fitzgerald requested that several licenses be sent to him and in which he remarked that if Myers could "fix" it here and in Utah, he could clean

up a lot of "jack." The defense fought bitterly to keep this letter out of evidence and upon its admission is one of the points on which an appeal is being taken.

Dr. L. P. Adams of Chicago, formerly of Payette, testified that he had paid Dr. Myers \$300 for a dental license under the impression that the extra charge was for a special meeting of the dental board. Dr. F. G. Bunch of Coquille, Ore., testified that Dr. Fitzgerald had approached him and offered to secure him an Idaho dental license.

Dr. Fitzgerald was put on the stand in his own defense and after making sweeping denials of any conspiracy, explained the letter which he admitted he had written to Myers by saying that it was a reply to certain attempts of Myers to get into the employ of the Painless Parker office in Portland. The prosecutor, on cross examination, asked Fitzgerald if he had been in Boise in July, 1919, and he replied that he did not remember. When confronted with the register of the Idanha hotel, where he had registered on July 11, 1919, the defense, after vigorously objecting to this questioning, admitted that he, Fitzgerald, had been here at that time. The prosecutor also showed that on several occasions in early 1920, after Fitzgerald knew that the letter already mentioned, was in the hands of the department of law enforcement, he registered at the Owyhee hotel in Boise. On the first visit he signed his name in a small hand, and on the second visit he printed his name on the hotel register.

Dr. Myers did not take the stand.

The attorneys conducting the defense were Judge K. I. Jerky, J. T. Pence, W. H. Cassidy of Boise and J. A. Prentiss of San Francisco.

The state's case was handled by E. S. Delana, prosecuting attorney of Ada county, assisted by his brother, B. F. Delana.

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## Dental Maxims

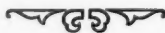
By R. W. Bailey, Denver, Colorado

Trust your patients and lose them. Make 'em pay and keep them. Get a part (half if possible) first sitting, balance when work is finished.

Only exception, old friends who pay every month when bill is presented.

Patients who owe you won't come back while owing you—they won't recommend you to their friends as long as they are in your debt.

Make 'em pay, and retain them as friends and patients and *Boosters*.



## The National Dental Golf Association Tournament

Boston, August 23, 1920

**T**HE National Dental Golf Association held its first annual tournament at the links of the Woodland Golf Club, Boston, August 23, 1920, more than seventy dentists participating.

The first ball was driven promptly at eight o'clock by Doctor George Wood Clapp of New York in a foursome composed of Doctor Fred Mallory, Toronto, Doctor Frank Warren, Los Angeles, Doctor W. K. Bradfield, Washington, D. C., and himself.



This foursome opened the play at the first tournament of the National Dental Golf Association, Boston, August 23, 1920, driving off at exactly 8 a. m. They drove in the order in which they stand (from left to right): Dr. George Wood Clapp, New York; Dr. Fred Mallory, Toronto; Dr. F. C. Warren, Los Angeles, and Dr. W. K. Bradfield, Washington, D. C.

Through the liberality of dental manufacturers a number of prizes had been provided, the winners of which are given below.

The events staged for the day, and the winners, were as follows:

36 Hole Medal Play for Association Championship. Won by H. D. GRUBB, 80, 84=164.

36 Hole Handicap Medal Play. Won by THOS. P. HINMAN, 178 less 34=144.

36 Hole Against Par. Won by O. KIRKLAND, 2 up.

36 Hole Handicap Against Par. Won by J. O. HALL, 13 down.

Best Ball Twosome for 36 Holes (less one-half total handicap). Won by R. R. LAUCHNER, 83, and H. E. BEISER, 84=167 less 35=132 total.

Best Ball Foursome for 36 Holes. Won by H. D. GRUBB, O. KIRKLAND, THOS. P. HINMAN, F. M. CASTO. Total 147.

18 Hole Handicap Medal Play (morning). Won by H. GERMANN, 94 less 24=70. Contenders: T. B. HEALEY, 93 less 22=71. W. SCOFIELD, 91 less 18=73. J. KING, 84 less 8=76.

18 Hole Handicap Against Par (afternoon). Won by R. NELL, 6 up. Contenders: F. LUSH, 2 down; A. E. WEBSTER, 4 down; J. KING, 7 down; W. H. CARD, 4 down.

Low Net Medal Score for best 9 Holes (morning). Won by T. B. HEALEY, 27 net.

Low Medal Score for best 9 Holes (afternoon). Won by F. LUSH, 35; W. H. CARD, 35; F. M. CASTO, 38; J. KING, 38; A. E. WEBSTER, 38; R. NELL, 38; J. A. STOCKWELL, 39. (F. Lush won by toss of coin.)



On the 18th green: Dr. Casto, President of the Association, in the center, talking to Dr. T. C. Warren. Dr. Herrman at extreme right. Dr. H. D. Grubb, winner of the 36 Hole Medal Play for Association Championship, a little to Dr. Herrman's left.

In the evening there was a golf dinner at the Woodland Park Golf House, at which about seventy men were in attendance. It was decided to effect a permanent organization.

The following By-laws were adopted:

NAME:—The name of this association shall be THE NATIONAL DENTAL GOLF ASSOCIATION.

EXECUTIVE:—THE ORGANIZATION SHALL BE GOVERNED BY SIX DIRECTORS, three of whom shall be chosen by the members of the Association at each Annual Meeting. They shall hold office until their successors are elected and qualify. They shall be known as President, Vice-President, and Secretary-Treasurer respectively, and their duties shall be such as usually pertain to the respective



offices. The three last retiring presidents of the Association shall be Directors of the Association.

**FUNDS:**—To PROVIDE FUNDS FOR ADMINISTRATION and for advancement on tournament expenses, the following dues and fees are required:

- 1st. A MEMBERSHIP FEE of \$3.00 for the general funds of the Association, to be paid upon enrollment as a member of the Association. This may be done at any time. The payment of this perpetuates the membership. Once a member, always a member.
- 2nd. A PLAYING FEE of \$1.00 for the Tournament Fund of the Association. This fee, and all hereafter are payable at the first tee and shall be paid only in the event that the member enter the tournament, the idea being that aside from the enrollment fee all expenses are paid by those who participate in any year.



The gallery about the 18th green in the late afternoon.

- 3rd. THE TOURNAMENT FEES:—There shall be paid then, at the first tee, by all entrants to the tournament, fees as follows:
  - (a) The Playing Fee of \$1.00 above mentioned.
  - (b) The Membership Fee of \$3.00 above mentioned, if not already a member.
  - (c) The Greens' Fee, charged by the local club as arranged for by the local committee.
  - (d) The Dinner Fee, as determined by the local committee in charge.

**MEMBERSHIP:**—Any male member of the N. D. A. in good standing becomes automatically a member of this Association upon acceptance of its By-Laws and payment of the Membership Fee.

**PLAY:**—No member shall enter play except upon payment of the perscribed fees. Ethical dentists licensed to practice in other countries, in attendance at the meeting of the N. D. A., may participate in the annual tournaments as guests.

THE TOURNAMENT shall be held either just before, or during, or just after the Annual Meeting of the N. D. A.; the time and place to be determined in advance by the Directors, cooperating with a local committee of their own choosing; provided that the time shall not be in conflict with the scientific program of the N. D. A.

HANDICAPS:—Handicaps shall be limited to 18; members playing in any competition must play on their lowest club handicap and when playing on their own club course shall be penalized two strokes.

THE ANNUAL DINNER AND MEETING shall be held on the evening of the day of the tournament.

ACCOUNTS:—No accounts shall be kept with the members. All privileges automatically follow compliance with the provisions of the By-Laws.

AMENDMENTS:—These By-Laws may be amended at any Annual Meeting by a three-quarter vote of the members present; or between meetings by a three-quarter vote of the members who register their votes by mail within two weeks after a call therefor is made.

Doctor Frank M. Casto of Cleveland, who had served as temporary chairman, and Doctor Ralston I. Lewis of Chicago, who had served as temporary secretary and treasurer, were unanimously elected president and secretary-treasurer respectively, and a standing vote of thanks was tendered to them for their efficient services during the past year. Doctor F. R. Chapman of Boston, was elected vice-president.

Three directors were elected, Doctor W. A. Capon, Philadelphia, to serve for three years; Doctor F. C. Warren, Los Angeles, to serve for two years, and Doctor G. W. Clapp, New York City, to serve for one year.

## THE NATIONAL DENTAL GOLF ASSOCIATION

Boston, Mass., August 23, 1920

### WOODLAND GOLF CLUB

#### Members Playing

ATISNER, JULIUS .....	1173 Commonwealth Ave., Boston, Mass.
ANTHONY, L. P. ....	12th and Chestnut Sts., Philadelphia, Pa.
BARNWELL, C. M. ....	716 Grant Bldg., Atlanta, Ga.
BEARD, O. L. ....	Lancaster Bldg., Cincinnati, Ohio.
BEISER, H. E. ....	250 West 74th St., New York City.
BETHEA, WM. McL. ....	Augusta, Ga.
BRADFIELD, W. K. ....	921 15th St., N. W., Washington, D. C.
CAPON, WM. A. ....	405 Real Estate Trust Bldg., Philadelphia, Pa.
CARD, WM. H. ....	800 La Salle Bldg., Minneapolis, Minn.
CARSON, EDGAR M. ....	1119 Union Blvd., St. Louis, Mo.
CASTO, F. M. ....	460 Rose Bldg., Cleveland, Ohio.
CEDRIC, L. ....	Naval Prison, Portsmouth, N. H.
CHAPMAN, F. R. ....	120 Boylston St., Boston, Mass.
CLAPP, GEORGE W. ....	220 West 42nd St., New York City.
CLOW, L. F. ....	1042 Argyle St., Chicago, Ill.
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EDMAND, P. A. ....	734 Main St., Des Moines, Iowa.
ERBE, F. J. ....	111 West Main St., Waterbury, Conn.

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 FOGG, F. S..... 551 Boylston St., Boston, Mass.  
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 GASKILL, J. H.....1628 Walnut St., Philadelphia.  
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 GILLIS, R. R..... 56 Rimbach Ave., Hammond, Ind.  
 GREEN, E. .... 342 Union St., New Bedford, Mass.  
 GREEN, W. E.....2958 W. North Ave., Baltimore, Md.  
 GRUBB, H. D.....1101 Guardian Bldg., Cleveland, Ohio.

HAIGH, G. E.....Jefferson City, Mo.  
 HALL, J. O.....1101 Amicable Bldg., Waco, Tex.  
 HART, W. F..... 419 Boylston St., Boston, Mass.  
 HARVEY, H. E.....1125 Guardian Bldg., Cleveland, Ohio.  
 HASKELL, C. M.....San Juan, Porto Rico.  
 HAVERSTICK, E. E..... 346 N. Boyle St., St. Louis, Mo.  
 HEALEY, T. B.....1290 Washington St., West Newton, Mass.  
 HINKLEY, F. B.....  
 HINMAN, T. P.....4th Nat'l Bank Bldg., Atlanta, Ga.  
 HOGGAN, J. A. C.....5th and Franklin Sts., Richmond, Va.  
 HOSLEY, H. E..... 387 Main St., Springfield, Mass.  
 HOWE, H. L..... 197 Marlboro St., Boston, Mass.  
 HULL, J. W.....Commerce Bldg., Kansas City, Mo.

JONES, V. S.....Bethlehem, Pa.

KING, JOHN ..... 419 Boylston St., Boston, Mass.  
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 KIRKLAND, O. .... 923 Bell Bldg., Montgomery, Ala.

LAUCHNER, R., JR..... 250 W. 74th St., New York City.  
 LOEB, M. J..... 241 Orange St., New Haven, Conn.  
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 MARVEL, W. W..... 151 Rock St., Fall River, Mass.  
 MILLER, F. D.....1122 12th Ave., Altoona, Pa.  
 MOLT, F. F..... 25 East Washington St., Chicago, Ill.  
 MORRIS, F. E..... 226 Merrimac Bldg., Lowell, Mass.

NELL, R. ....2200 Fairmount Ave., Philadelphia.  
 NISSLEY, R. H..... Chestnut St., Lancaster, Pa.  
 NORTON, R. H..... 45 Bay State Road, Boston, Mass.  
 NYMAN, J. E..... 30 N. Michigan Ave., Chicago, Ill.

PAGUE, F. C..... 209 Post St., San Francisco, Cal.  
 PARSONS, L. M..... Professional Bldg., Baltimore, Md.  
 PERO, A. E..... 710 Park Bldg., Worcester, Mass.

RICH, A. C.....Saratoga Springs, N. Y.  
 RICHARDSON, F. W.....Worcester, Mass.

ROACH, F. E.....	1716 Mallers Bldg., Chicago, Ill.
ROOD, V. D.....	29 High St., Morristown, N. J.
SAGER, A. E.....	Mercantile Bldg., Rochester, N. Y.
SAUM, I. M.....	718 Rose Bldg., Cleveland, Ohio.
SAUSSER, E. R.....	
SCOFIELD, W. L.....	Brewster, N. Y.
SEIP, H. S.....	7 N. Walnut St., Cincinnati, Ohio.
SHANNON, E. H.....	912 Rose Bldg., Cleveland, Ohio.
SPEERS, W. J.....	78 Bedford St., Fall River, Mass.
STAPLES, L. M.....	10 Dexter St., Boston, Mass.
STOCKWELL, J. A.....	175 Tremont St., Boston, Mass.
SULLIVAN, F. J.....	124 Franklin St., Fall River, Mass.
VAN LOAN, M.....	84 S. Swan St., Albany, N. Y.
VOLLMAYER, R. H.....	947 Nicholas Bldg., Toledo, Ohio
WARREN, F. L.....	804 Investment Bldg., Los Angeles, Cal.
WAY, T. I.....	52 Groton Bldg., Cincinnati, Ohio.
WEBSTER, .....	45 Glen Elm Ave., Toronto, Ont.
WITTEMORE, A. P. W.....	Houghton, Mich.
ZEIGLER, D. H.....	716 Rose Bldg., Cleveland, Ohio.

## Nomenclature in Denture Prosthesis

At the meeting of The National Society of Denture Prosthetists held in Boston last month, much headway was made in defining certain terms. But it remained for Dr. Ottolengui to make a simple and practical suggestion of no small value. It was that the adjectives maxillary and mandibular be used instead of "upper and lower," "superior and inferior" as applied in our work. This would give us the maxillary teeth, the maxillary impression, the maxillary ridge, etc., or the mandibular teeth, ridge, trial plate, denture, etc.

This seems to be scientific and concise. These terms will therefore be used by Dr. Williams, Dr. Gysi, Dr. Tench, and myself during this year, at least, and used in articles published in this magazine.

Might we not all try these terms for a year and see whether they are not an improvement upon the present not very dignified terms?

Other valuable contributions to the nomenclature of the profession, as determined at the Boston meeting, will be published in later issues.

GEORGE WOOD CLAPP, D.D.S.

## Gold Production and the McFadden Bill

By Dr. George B. Snow, Long Beach, Cal.



HE McFadden Bill (H. R. 13201) is now pending before Congress. Its ostensible purpose as set forth in the preamble is to provide for the protection of the Monetary Gold Reserve, but a reading of the bill will show that its real purpose is to provide for the protection against loss of certain persons and corporations engaged in the business of mining gold.

The bill is now before the Committee on Ways and Means of the House of Representatives, and will probably be presented before Congress at its next session. Two hearings have been had before the Committee; one on May 25th, and another on May 28th, 1920. Copies of the reports of these hearings may be procured from the Document Room, Capitol, Washington, D. C.

The arguments presented at these hearings in favor of the passage of the bill seem to the writer to be specious and misleading. The Secretary of the Treasury, Mr. D. F. Houston, expressed himself in a letter to Mr. Fordney, Chairman of the Committee, under date of April 9th, 1920, as being very much opposed to the bill, characterizing it as an attempt to subsidize the gold mining industry, and he called attention to the report dated February 11, 1919, made by a Committee appointed by Secretary McAdoo to investigate the problem of the production of gold. The conclusion arrived at by this Committee, after a thorough investigation of the subject, was that there existed no need for the artificial stimulation of gold production, and that is what is contemplated by the bill in question. It was the opinion of this committee that the matter of the present disturbances in values, including those incident to gold mining, would be rectified in a short time by the operation of natural causes.

The gold mining interests find themselves in a peculiarly embarrassing position. Gold is a very widely distributed metal, but much of it is interspersed with other and valueless materials to such an extent that it cannot be mined with profit, except by the use of expensive machinery. Large dredges are employed for dredging auriferous gravel from the beds of streams, and five or ten years ago these could be worked at a profit if the gold procured amounted to more than 12 or 14 cents per cubic yard. In quartz mining the auriferous quartz is pulverized in stamping mills, and the gold obtained either by amalgamation or by use of cyanide, or both. Rock carrying from \$3.00 to \$3.50 worth of gold to the ton could be worked at a profit in 1914. Now nothing less than an ore carrying \$6.00 to the ton can be so worked. Many of the quartz mines are excavated to a considerable depth. If they are abandoned, they would soon fill up with water, the sides would cave in in

places, and a great expense would be incurred in reopening them; but as matters are at present they cannot be worked except at a considerable loss.

The McFadden Bill is designed to meet these difficulties and to carry the miners through a period in which they are suffering great losses. It is proposed to tax the articles manufactured from gold, including jewelry, crowns and bridges, gold fillings, etc., \$10.00 an ounce, or about 50 per cent. The money received from this tax is to be kept in a separate fund, and expended as a premium of \$10.00 per fine ounce to be paid on all gold mined in the United States, and brought to the U. S. assay offices for refining. It is also provided that payment may be made, not only from the gold premium fund but from "any other funds in the Treasury of the United States not used for specified purposes."

The arguments presented in favor of the bill were that there had been in the course of the last year, from May 1, 1919, to May 1, 1920, a lowering of the United States gold stock of nearly half a million dollars; that the production of gold in the United States had fallen off greatly as a consequence of the rise in prices of labor and material, rendering many gold mines unprofitable and necessitating their closure. The rise in the price of supplies over pre-war costs being as much as 85 per cent.

The amount of gold sold by the U. S. Mint for "consumption" in arts and manufactures, with an estimated addition for the amount of gold coin melted for the same uses, amounted to something over eighty million dollars, whereas the gold produced in the mines fell short of equalling the amount thus "consumed" by something over twenty-one million dollars. Ergo, the gold reserve of the country was in danger.

The objections raised to the bill by those appearing in opposition to it are that it is in effect a subsidy equal to the sum of \$10.00 for every ounce of fine gold mined in the United States and delivered to the United States Mint.

That this legislation not only contemplates a subsidy to mine owners, but imposes a tax levy upon certain arts and industries, and while the federal constitution does not specifically prohibit the payment of subsidies or bounties they have always been looked upon with aversion by the people of the United States. Several instances are cited where the payment of subsidies has been attempted, but the question of the constitutionality of such payments has not yet gone to the Supreme Court; but the Court of Appeals for the District of Columbia in the case of *U. S. v. Carlisle* (5 App. Cas., 138) held that the case in question was unconstitutional. The passage of the McFadden Bill would therefore be very likely to result in considerable litigation, and a probable declaration that it is unconstitutional. At any rate the measure is unique in its provisions.



One of the curiosities of this bill is the fact that it sets forth the crude and unrefined material delivered to the Mint by the gold miners as being worth about 50 per cent more than it is worth after it is refined, on the plea of its augmented cost of production. Although not so stated in the bill, or in any of the arguments, this action must rest upon the assumption that gold mining is a public benefit, and therefore the gold miners should receive for their product enough to afford them a profit, in any event. The general rule of business is that an article is worth, not what it costs to produce it, but what it will sell for. Now as to gold mining being a public benefit, it may be observed that the overproduction of gold is one of the reasons for the high cost of living, and that the more gold is mined, the worse it is for the country, under prevailing circumstances. At present the country is suffering from an inflation of currency, due to the European War, and this is responsible in great part for the era of extravagant prices which now prevails; but the high cost of living is no new complaint. A great deal of discontent was prevalent during Mr. Taft's administration, and one of the promises made by the Democratic party at the time of Mr. Wilson's first election was that if they came into power the high cost of living should be immediately abated.

At pages 286 and 287 of the report of the Director of the Mint for 1919 is a table showing the gold production from the time of the discovery of America to 1918. From this we learn that the average annual production from 1493 to 1520 was 186,470 ounces, its value in dollars being \$3,855,000. This was not doubled until about the year 1700. In 1849 gold was discovered in California, and not long after in Australia, with the consequence that in 1855 the average annual production was 6,410,324 ounces. In 1900 it had risen to 12,445,929 ounces. The peak of production occurred in 1915, when it was 22,674,568 ounces. Since then production has somewhat decreased. The total production of gold for the whole period from 1493 to 1918 inclusive was 841,599,968 ounces, valued at \$17,397,417,278.

Of course all this gold is not available at present. There is always some wastage in working it. A considerable quantity of it has been hoarded in the Eastern countries. Some of it has been lost in ship wrecks; some gold ornaments have been buried with their possessors, and some has gone in other ways. According to the report of the Director of the Mint the world's stock of gold amounted to \$7,454,488,000 at the end of the year 1916. The production has increased enormously since 1850.

The first figures on the table, giving the average annual production from 1493 to 1520 are \$3,855,000. Comparing this with the production for the peak year, 1915, which was \$438,078,260, and it will be seen that the production for 1915 was 113 times that for the first years noted in the table.



Gold, like other commodities, is subject to the laws of supply and demand. If the former exceeds the latter, it will become cheaper; and this is what has actually been occurring. There has been a gradual rise in wages, food stuffs, and other articles, which has scarcely been noticed until in later years when the production of gold has become greater and greater. In 1840 a quarter of lamb was bought for 31 cents. Beef steak was 8 or 9 cents a pound. Milk 3 cents a quart delivered. Butter was brought to the door by the farmer, who made it, for 12½ cents a pound at any time in the year. Eggs were quoted at 12½ cents a dozen. In 1850 good machinists could be hired for \$9.00 a week. Ordinary laborers received from 75 cents to a dollar a day. As gold is the standard by which the values of other articles are measured, the enormous supply of it thrown upon the market in later years has caused it to fall in value. This is shown by the gradual rise in prices of other things.

As for the gold reserve of the country needing protection, the Director of the Mint reports that the stock of gold coin in the United States on June 30, 1919, was \$1,336,780,596. Of bullion \$1,802,919,189; amounting to \$3,139,699,785 in all. There was so much gold coin extant that none of the Mints turned out any of it during the year 1919, the work being limited to subsidiary coinage. According to the evidence before the Committee the gold reserve was lowered about half a million dollars during the past year, but the amount of gold coin and bullion in the Treasury, as shown above, is sufficient to stand the drain complained of for sixty years. The gold reserve cannot, therefore, be said to be in any immediate danger; but it has already been shown that the financial condition of the gold miners is very precarious.

The only time in late years when the gold reserve of the country was in a condition to excite any concern was during Cleveland's second administration. A reserve fund of \$100,000,000 was held in the Treasury, in accordance with a law to this effect, for the redemption of legal tender notes that had been issued during the Civil War. In April, 1893, the amount of gold in the Treasury fell below the requirements of this fund. On account of this Mr. Cleveland called an extra session of Congress, asking for the repeal of the silver law, under which an extravagant amount of silver was bought each month by the Treasury, and coined into silver dollars. As there was no call for the dollars, and as they did not go into circulation, this enactment proved to be more of a drain upon the Treasury than it could stand. There were a great many pro-silver men among both the Democrats and Republicans, and although the measure was promptly passed by the House it was held up in the Senate until the last of October. In the meantime the gold reserve had been still further reduced, and Mr. Cleveland availed himself of his powers in an emergency to issue bonds which were sold to the amount of \$162,000,000, which again put the Treasury in funds.

According to the report of the Director of the Mint the average annual output of the gold mines of the country for the years from 1891 to 1895 inclusive was \$162,947,000. *This did not operate to protect the gold reserve*, and it is difficult to see how the mining of gold could be used as a protection in any event. The crude gold which the miners bring to the Mint is paid for in refined gold. If the miners choose, they could, of course, take paper, but if the gold reserve was low, and there was any doubt about the solvency of the Treasury they would be as apt to demand gold in the settlement of their claims as would the man who demanded cash for his greenbacks. In this case the trouble was avoided by the issue of bonds.

Gold is the medium employed for evening up the balances which occur in the dealings between different countries. There may be a large amount of trade in which purchases and sales are mutually made, but at the end the people of one country will have bought more than those of the other, and will consequently be in debt to the amount of the difference. This will be made up by a remittance of gold, either as coin or bullion. The gold reserve will be better conserved by the United States when it produces, in raw materials or manufactures, such things as are in demand in foreign countries, and at the same time takes care of its own markets so that it can sell more than it is obliged to buy, and so that when the day of settlement comes, it will receive gold, rather than be obliged to pay it out.

The decreased supply of gold, which is complained of in a resolution adopted by the American Bankers' Association, (October 2, 1919) is the result of the rapid and general increase in prices, which has made gold mining too expensive an occupation to be followed. It operates in consequence to diminish the production of the metal, and in this way to prevent its constant reduction in value. This will bring about what everybody is wishing for—the stabilization of prices; and it can be brought about in no other way.

Gold being the standard of value it is essential that it should not be available in such large quantities as to lower its value; but a study of the tables contained in the report of the Director of the Mint, and a reference to the history and conditions of the markets for the past half century will show conclusively that this is exactly what has occurred; that there has been a constant raise of prices in the markets, and a constant and increasing disturbance of values for all this time; ever since, in fact, the discovery of gold in California, which resulted in a tremendous increase in the production of the metal. The remedy is not in an increased production of gold, for this would do more harm than good; but in the increased production of raw and manufactured materials at such prices that they can be easily disposed of to the inhabitants of other nations, in such quantities that the balance of trade will be in favor of the United States.

## Autotherapy in Whooping Cough and Leukorrhea

By George Wood Clapp, D.D.S., New York City



N the March issue of this magazine there was published an article on Autotherapy dealing with what I believe to be an important discovery in medicine, made by C. H. Duncan, M.D., 2612 Broadway, New York City. That article recommended the study of a book published by Doctor Duncan in which were made some apparently extravagant statements as to the results obtained by this method of treatment.

It is now possible to submit the following records of cases, treated by this method, in the practice of a reputable physician in New Rochelle, N. Y. These records deal with a few cases in two very important manifestations of disease, both of which are difficult of treatment by ordinary means, and both of which threaten the well-being of the one attacked. It is quite possible that some one near and dear to some subscribers to this magazine may be attacked by either disease, and this information should be at their disposal.

A further reason for publishing these records is that this method of treatment is likely to receive very little encouragement by the regularly constituted medical authorities. It is rather revolutionary in character and simplifies treatment of certain infections to an extent which is not likely to bring it into favor. It is directly opposed to all of the highly technical and expensive laboratory procedures in the production of autonomous vaccine, and it provides no market for the drug-maker or for him who fills prescriptions.

Whooping cough is usually a disease of childhood, though adults are by no means free from it. It is a source of great discomfort to the sufferer and when there are several children, of hardship to all the members of the family. Its sequelae may be very dangerous, including bronchial pneumonia, tuberculosis, and possible hemorrhage of the brain.

*Whooping Cough: Case No. 1.* Child three and a half years of age had been sick two months and developed bronchial pneumonia. Vomiting every two hours day and night and very weak. The bronchial pneumonia condition improved in three days, but the lungs were still full of rales. At this time a filtrate was prepared from the mucus thrown up, which came solely from the lungs, nothing being vomited from the stomach. To prepare this filtrate about a dram of mucus was added to about an ounce of tap water, and the mixture allowed to stand for twelve hours, when it was run through a Berkfeld filter, which was used in connection with a Duncan bedside apparatus. Five drops of the filtrate made in this way were injected hypodermically into the arm. There was very little local reaction about the point of puncture. The whoop-

ing practically stopped two days after the injection. In three days more there was a total cessation of the whooping and a disappearance of the lung symptoms. About a month later, the child caught cold and gave a few whoops. The cold was treated in the ordinary way and there was no further whooping.

*Case No. 2.* Two children, five and three years old respectively, both in the third week of whooping cough. A filtrate was made as described above, and each child was given two injections four days apart. After the second injection both stopped whooping and when they came for the third injection, about the eighth day, they had not whooped for two days.

*Case No. 3.* Child nine years. Filtrate made as above, and two injections given four days apart. On the visit for the third injection the whooping had stopped.

The result of this treatment for whooping cough, in this practice, has been a cessation of whooping in from one to four treatments, injected into a new area of the body each time, at intervals of about three days. All the general conditions which make for physical discomfort during this disease improved, such as the discomfort from the cough itself, the vomiting from the contraction of the abdominal muscles during coughing, the malnutrition resulting from the inability to retain food, and the extreme depression of vitality as seen in very young or very old patients. The danger from the sequelae mentioned above appears to have been entirely obviated. The anxiety of members of the family in regard to the sick one has been greatly lessened, the care is made much less and the general comfort notably increased.


#### AUTOTHERAPY AND LEUKORRHEA

*Case No. 1.* A woman twenty-seven years of age, previously in good physical health, had suffered for ten years with depression of spirits and loss of physical energy with leukorrhea present. She was very apathetic. She had been treated by the family physician for the last six years, during which every method of treatment likely to promise benefit had been tried. There were no favorable results. At the end of the period the leukorrhea was more profuse than at the beginning, was purulent in character, and had taken on a very disagreeable odor.

It was decided to try autotherapy. A small tampon was placed in the vagina and left in contact with the cervix for twenty-four hours. At the end of that time the tampon was placed in one ounce of tap water, and allowed to stand for twelve hours, and a filtrate was made. Five drops of the filtrate were injected hypodermically into the arm with no local or general reaction. At the end of three days, the discharge had changed from a yellow, purulent condition to a condition like the white of an egg, without odor. At the end of five days, the patient reported a

scanty discharge and exhibited greatly improved physical condition and spirit. A second injection of eight drops was given five days after the first injection, and established a negative phase of the case with a marked general reaction. Five injections have been given at intervals of from five to seven days. The patient states that she now feels as vigorous as when a girl, is now in good health, full of energy and without discharge.

## Romance of the Stethoscope

UST one hundred years ago, Rene Theophile Hyacinthe Laennec, one of the pioneers of modern medicine, observing some children playing in the gardens of the Louvre, listening to the transmission of sounds along pieces of wood, conceived the idea of utilizing this method for listening to breath sounds in examining a patient's lungs. He went home, fashioned a tube by rolling up some glued paper and then experimented with this in his ward at the Neckar Hospital. From this incident in the garden dates the modern "stethoscope," an instrument well nigh indispensable in the modern practice of medicine.

The early stethoscopes contrived by Laennec were unlike those generally in use in this country at the present time, for they were constructed to be used by one ear only. Nevertheless, the original Laennec type is still widely used in European countries. To us, who are accustomed to the scrupulous cleanliness of everything about the modern hospital it is curious, indeed, to learn that the filthy condition of the patients in the hospitals in Laennec's time made it repugnant to physicians to listen to the sounds in the lungs by placing the ear directly on the chest of the patient.

Laennec gave his invention the name by which the device is still known, deriving the word stethoscope from two Greek roots, one meaning the "chest" and the other "to observe" or "regard."

In using the stethoscope the instrument should be placed on the bare chest wall. For this reason a satisfactory examination of the lungs can only be made when the patient is stripped to the waist. Careless physicians sometimes attempt to examine a patient's chest through the clothing. Such an examination is worthless. If you want reliable information concerning the condition of your lungs, do not go to a doctor who attempts such careless work. It is time and money wasted.

Dr. Laennec was born at Quimper, in Brittany, on February 17, 1781, growing to manhood during some of the most troublous years in the history of France. He studied medicine at Paris, receiving his degree of doctor in 1804. He died on August 13, 1826, at the early age of 45 in the quaint old town in which he first saw the light.

## The State and Preventive Dentistry

By Fred A. Reed, B.D.Sc., L.D.S.

The profession of dentistry has been forced to realize through the combined findings of the radiographer, bacteriologist and pathologist that its main service to humanity must consist henceforth not merely in rendering palliative treatment but rather in preventing oral diseases and their sequelae. Careful prophylaxis can absolutely prevent the occurrence of those forms of oral sepsis that are directly or indirectly due to caries and gingivitis.

When patients develop the clean mouth habit and the regular-visit-to-the-dentist habit a very large percentage of caries is prevented, the necessity for root canal work is entirely obviated, while gingivitis is checked in its initial stages and is not allowed to develop into true pyorrhea alveolaris.

The problem is how to apply our knowledge as preventive dentists to the public in general. The mass of the people are too poor, both in pocket and intellect, to avail themselves of our services from the preventive aspect. The conservative element in the profession holds that when we educate the people sufficiently they will realize the benefits of prevention and willingly pay for such service; perhaps so; but how long will it take so to educate the masses and how many thousands will suffer needless pain and die premature deaths in the meantime? No! we want something more rapid than mere education. A few more daring spirits at the other end have advocated that the entire dental profession be nationalized, that is to say, that each dentist be a government servant. The public would thus have free dental service. A very large measure of free dentistry is desirable but not a government monopoly of the profession.

A free state dental service should supplement but not absolutely supplant private practice. Most patients would avail themselves of the state dentist but many would prefer the private practitioner. Under these conditions the tone and status of the profession would greatly improve, for only the highest type of private dentist would flourish and, needless to say, the "mug" and fraud would not obtain government appointments. But the free dentistry we have now has ensured the oral health only of those intelligent enough to visit the dentist regularly. Man is an apathetic creature; it takes a strong stimulus to move him from his fixed habits.

Here educational propaganda must and will come in; but once again something further is needed. Compulsion is necessary, perhaps not for adults but certainly for children. Children should be compelled to visit the dentist regularly; parents could send them to the state dentist or the private dentist, just as they may educate them in the public or private school, but educated they must be, and so, reasonably



healthy in the mouth they must be. The child would thus develop correct dental habits which would stick throughout life, especially as he could continue to visit the state dentist without a direct financial sacrifice.

Free education and free vaccination are not effective without the element of compulsion when viewed from a national standpoint, and so I hold our free dental service must be compulsory at least up to the age of leaving school or possibly until twenty-one. The health of the community should be guarded from the dental aspect by, first, a state dental service free and compulsory for juveniles; second, a state dental service for adults, free and optional; third, private practice for the fussy, and to make good any slight deficiency in the state dental service.

It would be the duty of the state dental service to keep the mouths of the people healthy and functional. Its work would be mainly of a prophylactic and educational nature, though of course a deal of restorative work would be necessary at first. Most of the examining and prophylactic routine could easily be undertaken by dental hygienists working under a qualified dentist. The state dental service should not undertake elaborate gold work; let him that fancies a gilded mouth go to the private practitioner. Free dentistry should be provided first, for the school children both in town and country. Second, for adults of industrial centers, and finally as occasion demands for adults of residential and country districts.

The state itself must jealously protect the health of the community. Philanthropy and private practice merely dabble at the edge of the health question. The state health service should embrace all departments of medicine, dentistry, pharmacy and nursing. The outline given above for dentistry would apply in much the same manner to the other branches of our health service. The principle of a state health service is undoubtedly sound whether viewed from the humanitarian or economic aspect.

The country cannot afford such a tremendous undertaking, the conservative Jeremiah will object, but, considering the acuteness of the international commercial struggle, can any nation afford not to guard the health of its citizens? Every nation is at present carrying a heavy burden of preventable disease which some will have sense enough to drop, but those who fail to realize the intimate dependence of wealth on health will be forced to take a secondary place in the world's affairs.





# DENTAL LAWS

## Dental License Requirements

By Alphonso Irvin, D.D.S., Camden, N. J.



URING the past few months questions have been addressed to us by students, dentists, officers of dental organizations, Dental Examiners, Editors of Dental Journals and Instructors in dental schools, from various parts of the world. We have received dental laws, dental license requirements and communications relating thereto from Australia, Canada, China, Cuba, India, Sweden, New Zealand, and from many parts of American Possessions, including Hawaii, Panama and the Virgin Islands.

Some of the questions received, which are of general interest, are as follows:

I. Have you issued a recent edition of Dental Laws Condensed?

No. The difficulties in the way of publication at the present time are prohibitive, owing to legislative unrest; also printing and industrial conditions.

II. What are the dental requirements for admission into the Army Dental Corps of the United States of America?

United States citizenship, good moral character, accredited High School diploma or equivalent dental degree from legally authorized dental school; the candidate must be between 21 and 32 years of age, and shall pass required examinations—moral, physical and professional. In view of the reductions in the Army and Navy forces the question of vacancies is of first consideration, one dentist only being allowed to a thousand men. Address the Surgeon General of the U. S. Army, War Department, Washington, D. C., for application blanks and full details in regard to examinations.

III. What are the examination tests for entrance into the Naval Dental Corps of the United States?

These are similar to the Army regulations, but both are too lengthy to reproduce here. For full information address the Surgeon-General, United States Navy, Navy Dept., Washington, D. C.

IV. What are the dental license regulations for Panama?

The Republic of Panama enforces the dental law of 1918, which is too long to publish here. Address Luis F. Sanchez, Avenida B 24, Panama City. For the Canal Zone address the Secretary of the Board of Health, or the Governor, Bilboa Heights, Panama, for full details.

In the Canal Zone, the Board of Health will license for a fee of \$5.00 U. S. currency, any dentist who is a graduate of a reputable school in the United States, who can submit, in person, satisfactory credentials as to his personal and professional standing.

V. Do the Virgin Islands possess a dental law? If so, what are the license requirements?

For full information in regard to the dental license requirements address the Naval Governor of the Virgin Islands, Charlotte Amalie, St. Thomas, Virgin Islands. The new dental law of the Virgin Islands, is presented, together with the provision for the employment of two municipal dentists. A Sanitary Code is at present before the Municipal Legislative body. The chapter on Dental Practice is very complete. There are at present no dental hygiene acts, but the budget for the fiscal year 1921 provides for two municipal dentists whose work will be principally in connection with the public schools.

By virtue of the authority vested in me by the Act of Congress, approved March 3, 1917, the following regulations are hereby issued governing the granting of licenses to practice medicine and surgery, dentistry, etc., in the Virgin Islands of the United States.

1. No person shall engage in the practice of medicine and surgery, dentistry, or any system of treatment of injuries or diseases whatever, or hold himself forth as a practitioner thereof, or assume the title of doctor with relation thereto, or diagnose or treat diseases by the use of medicines or surgery or any other means whatever, in the Virgin Islands of the United States, without first having obtained a license from the Governor, and having registered same with the Chief Municipal Physician of the Municipality in which he intends to practice.

2. Applications for licenses shall be made to the Governor, and shall be accompanied by satisfactory proof that the applicant is at least 21 years of age, is of good moral character, is not addicted to the intemperate use of alcoholic stimulants or narcotic drugs, and is a graduate of a recognized medical or dental college. Applications shall also be accompanied by a signed statement of the applicant that he will render, without compensation or remuneration, at least six hours a week of professional services in the Municipal Medical Service under the direction of the Chief Municipal Physician of the jurisdiction in which the applicant intends to practice should such services be needed.

3. A Board of Medical Examiners appointed by the Governor shall investigate the applicant's credentials and, if found satisfactory, the applicant will be requested to appear in person before the Board and submit to an examination in such subjects of his profession or system of treatment as the Board deems advisable. The reports of all examinations with the Board's recommendations, shall be forwarded to the Governor for action.

4. The Governor reserves the right to refuse to issue a license where the Board so recommends, or he may revoke any license heretofore issued in cases where a practitioner is found guilty of crime involving moral turpitude, is intemperate in the use of alcoholic stimulant or narcotic drugs, or is deemed by the Board to be guilty of negligence, incompetency, unprofessional conduct, or for other good and sufficient reasons.

5. The requirements herein do not apply to midwives, nor to practitioners authorized at the time of the issuance of this order to practice in the Virgin Islands of the United States except in so far as the preceding paragraph relative to revocation of license may be applicable.

Naval Government of the Virgin Islands of the United States, April 23, 1919.

J. W. OMAN, *Governor*.

VI. With what State Boards does Pennsylvania interchange dental licenses?

Pennsylvania reports no reciprocity.

VII. Does New Jersey interchange with Pennsylvania?

No.

VIII. Does New York and New Jersey interchange?

No.

IX. With what State Boards does New Jersey interchange?

Vermont, partial with Michigan and West Virginia.

X. Does Michigan interchange with Pennsylvania?

Michigan includes the State of Pennsylvania in their reciprocity list, but Pennsylvania reports no reciprocity. Therefore the agreement cannot be mutual.

XI. What are the dental laws, license regulations and examinations for Buenos Aires, Argentina?

These are published in full in the DENTAL DIGEST for March, 1919, page 145.

XII. What States recognize the Dental Nurse?

Alabama, Colorado, Connecticut, Dist. Columbia, Iowa, Maine, Massachusetts, Michigan, Minnesota, New Hampshire, Oklahoma, Tennessee.

XIII. What States have made changes in their dental laws during the last three years?

Thirty State Dental Laws have been enacted, amended, or clauses repealed since 1917. Half of these are practically new laws; among the remainder very few changes affect the dental license requirements; some of the changes are of no special interest to the candidate for a dental license, while a few refer to legal technique, financial measures, or punitive provisions. Several provide for licensing Dental Hygienists. The list includes Alabama, Colorado, Connecticut, Delaware,

Idaho, Illinois, Indiana, Iowa, Maine, Massachusetts, Michigan, Minnesota, Missouri, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Washington, Hawaii, Panama, Porto Rico, and the Virgin Islands.

XIV. What are the dental license requirements for the West Indies?

There are eight ordinances regulating the practice of dentistry in the larger or more populous islands of the West Indies. They are too lengthy to publish here, but the principal ones are printed in the DENTAL DIGEST for April, 1919, page 220; May, 1919, page 273, and also March, 1919, page 153.

XV. What are the license requirements for dental practice in Cuba?

This question has been asked many times by various persons. On page 153 of the March, 1920, number of the DENTAL DIGEST, the requirements are stated categorically.

XVI. What are the dental regulations for the Barbadoes Island? There are none enforced.

XVII. Kindly advise me regarding the dental laws of India?

India has no dental laws. A dentist is required to take out a local license which is in the shape of a municipal tax.

## HAWAII

Amendment in force April 7th, 1919.

Act 52, H. B. No. 221.

Section 1. Section 1050 of the Revised Laws of Hawaii, 1915, as amended by Act 136 of the Sessions Laws of 1917, is hereby amended to read as follows:

Section 1050. *Violating Provisions. Penalty.* Any person, firm or corporation who shall violate any of the provisions of this chapter, or who shall fail to comply with any of the requirements or provisions of this chapter, penalty for which is not otherwise provided, shall be guilty of a misdemeanor, and upon conviction thereof, shall be punished by a fine of not more than five hundred dollars, and each day's violation or failure to comply with the provisions hereof shall be deemed a separate offense. All tools, implements, medicines and drugs used by any such person, firm or corporation in the practice of Dentistry without a license, shall be seized by the officers of the law, and upon conviction of any such person, firm or corporation of any violation of this act, the hand-tools, implements, medicines and drugs shall be adjudged forfeited and condemned and sold by the Sheriff under the written order of the Court to any person, firm or corporation licensed to practise

dentistry, or to deal in dental supplies or drugs, and the proceeds of any such sale shall be paid to the Treasurer of the county or city wherein a conviction is had for the use and benefit of such county or city.

Section 2. This Act takes effect from and after the date of its approval.

I hereby certify that the foregoing bill having been presented to the Governor for his approval and signature, and not having been signed or vetoed within the time prescribed by the Organic Act of this Territory, has become law without his signature on April 7th, 1919.

(Signed) CURTISE P. JANKEA,  
Secretary of the Territory of Hawaii.

### PENNSYLVANIA—A LEGAL OPINION

Act of 1915 forbids issuing Letters Patent or a Charter to Corporations to practice Dentistry.

Governor Sproul has been officially advised by Attorney-General William I. Schaffer, not to issue letters patent or a charter to a corporation to practise dentistry. He holds that the right to practise is regulated by the Act of Assembly and is in the nature of a license from the State.

It cannot be sold, assigned or inherited, but must be earned by hard study and good conduct. It is not a lawful business except for persons who have complied with all the conditions required by statute. The practise of dentistry is not a business open to all, but a personal right, limited to persons of good moral character with special qualifications ascertained and certified to after a long course of study and a thorough examination by the Board of Dental Examiners.

It is impossible for a corporation to be examined as to its fitness to practise dentistry. It cannot secure a license so to practise. As these conditions cannot be performed by a corporation it follows that the practise of dentistry by it is not a lawful business for a corporation to engage in. As to a charter of this character reported to be issued years ago, the *Act of 1915 would forbid it NOW.*

### WASHINGTON—A LEGAL DECISION

*Judges dismiss Women Defendants on the ground that Prophylactic Work does not Require a State License.*

In the State of Washington, since cleaning the teeth does not constitute practising dentistry, prophylactic nurses are not required to have state licenses as dentists, according to a ruling by Judge Boyd J. Tallman in the Superior Court.

This decision was rendered in an action brought by the State against Miss Justine G. Schlosser, a prophylactic nurse. The trial was a test

case between the Dental Law Enforcement League and the Washington State Dental Hygienic Association, an organization composed of dental assistants practicing prophylaxis. Judge Tallman's opinion is a victory for the nurses. Members of the Women's Legislative Federation and other organizations had interested themselves on behalf of the nurses, and the trial was well attended.

The State represented by Deputy Prosecuting Attorney Bert C. Ross, presented only formal evidence that Miss Schlosser had practiced her profession—cleaning teeth—upon an agent of the State.

The defense conducted by Walter S. Fulton, besides calling the defendant, who explained the nature of her work, introduced the testimony of several local dentists.

Dr. F. K. Munday, a dental surgeon in Seattle for twenty-two years defined prophylaxis as "measures to prevent disease." He said "it had no relation to the treatment of disease," a function performed by the licensed dentist only.

Judge Tallman questioned the witnesses closely on matters relating to dentistry in general.

"Cleaning the teeth is a work that may be learned in a comparatively short time," testified Dr. Munday.

"Do prophylactic nurses assist dentists in much the same way as trained nurses aid physicians?" the court interrogated. "That is it exactly," agreed the witness.

Dr. W. H. Cumming, Miss Schlosser's employer, asserted that "prophylactic nurses did not attempt to cure disorders of the teeth, but merely cleaned them, turning over all surgical work to the regular dentists." "Prophylaxis," he added, "is a collateral issue of dentistry, but it is as necessary as washing the hands and face."

#### QUESTIONS BY THE PROSECUTOR

"Do you mean to say," asked Prosecutor Ross, on cross-examination, "that it takes no more skill to clean the teeth than it does to clean the hands and face?"

Answer: "I don't say that."

"Manicuring takes more skill than washing the hands," suggested the court.

Drs. H. T. Harvey and C. L. Tenny corroborated the other experts.

Mr. Fulton moved for a dismissal on the ground that the State had failed to show a violation of the law.

Mr. Ross explained that the State had undertaken the prosecution primarily to find out whether prophylactic treatment did come within the statute, and not simply to gain a conviction. He contended, however, that various *Supreme Courts* had held that *cleaning the teeth was part of dentistry*.



"The jury in this case was waived," commented Judge Tallman. "If there had been a jury, I would have instructed them, among other things, to use their common sense. It would be an insult to intelligence to say that this defendant had been practising dentistry without a license. It doesn't take a lawyer to decide that cleaning teeth is not dentistry."

The defense motion was granted.

*Washington:* The dentists of the State of Washington notwithstanding the verdicts quoted, favor an amendment to the dental law which will regulate by examination and license Dental Hygienists working only in the offices of and under the immediate supervision of a licensed dentist. Such an amendment will be prepared and presented for action at the next session of the Legislature which meets January 2, 1921. All men who recognize that there is a legitimate field for the *trained and qualified* Dental Hygienist should endorse such an amendment.

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## Future Events

THE DEPARTMENT OF REGISTRATION AND EDUCATION will hold an examination for dentists in Chicago the week commencing Monday, November 15, 1920.

The written work will be held in the City Hall beginning 8:30 o'clock Monday morning. The practical work will be held at the University of Illinois, College of Dentistry, 1838 West Harrison Street.

Application, properly filled out, together with high school credentials and examination fee of \$20.00 *must* be on file in this office not later than November 5.

The rules governing examinations and instructions to applicants are given in the application blank. Attention is called to the requirements regarding the photograph and dental diploma which *must* be presented on the first day of the written examination.

F. C. DODDS, *Superintendent of Registration.*

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The next INDIANA STATE DENTAL EXAMINATION will be held in Indianapolis November 15th to 20th, 1920. For further information and application blanks write to H. C. McKittrick, D.D.S., 1006 I. O. O. F. Bldg., Indianapolis.

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## Ethical Questions

Number 2

By George Wood Clapp, D.D.S.

If ethics applies equally to all patients, how can a dentist give the cream of his knowledge and experience, free of charge, to persons who do not patronize him, as in examinations and consultations, and charge that service to patients who do patronize him, but are not parties to the consultation?

Is not one who seeks advice a patient? Is he not served with the best that the dentist has to sell?

If such a patient does not pay for that service, who is to pay? The dentist? How long can the dentist continue to pay? If the person examined does not pay, and the dentist does not pay, must not the other patients pay the dentist's expense and remuneration for the time involved?

If patients who were not parties to that service are charged for it, without their knowledge or consent, is the dentist ethical?

If you can answer these questions in such a way as to be helpful to other dentists, using either your experience or your knowledge as a basis, and you will send in the facts so that they can be published or rewritten, your identity will be concealed and you will be paid.

GEORGE WOOD CLAPP.

## Ethical Parables

### Number 5

By George Wood Clapp, D.D.S.

The philosopher found the next dentist working over his accounts. "Perhaps you will take a few minutes," said he, "to give me an illustration of the application of ethics to practice."

The dentist appeared to be strangely agitated by this. He rose and walked the floor. Finally, pausing, he said, "I don't know whether I can or not. I was taught in college and societies that ethics was doing my best for each patient. I've done it to the best of my ability for ten years. I am overrun with patients. But I'm down here tonight to see if I can find out why all my work produces so little. None of my neighbors had my start in life. None works harder. Yet all have more comforts in the present and more in prospect for the future.

"Most of us dentists here work for about the same fees, though one or two lucky fellows get far more. These fees were here when I came. They were set in other days for other service and other costs. I'm beginning to doubt whether they are profitable now."

"I knew before I came," said the philosopher, "that ethics requires a fair exchange of values. I see that you cannot illustrate such an exchange because you see only one value, that to the patient. You know nothing of the cost of the service to you or what you should receive in exchange. You cannot practice ethics until you see to it that the value you get is at least nearly equal to that you give.

"You deserve the trouble you experience, and it will endure until you correct the cause. When you have corrected it you will be better able to give me a demonstration of true ethics."

## How I Achieved Success

By a Western Dentist

After reading your article, "Has this Dentist Succeeded?" I am very much in doubt as to his success so far as he is himself concerned, if we take the laying up of great wealth as a standard of success. Again I consider this man a success, so far as his chosen profession is concerned, and while he may not leave much wealth for his family to divide has he not said that they will soon be grown and off to succeed for themselves. Has he not benefited his family by moving to surroundings that have greater advantages than the small town?

So much for his family. The mere fact that he has been a great benefit to mankind in his work is reward for many a man. He is a success! but, I should say, a poor manager. A man who can handle large sums of money as he did, should be able at least to lay up some for the rainy day, old age and against accident. Can't he carry some insurance, protecting himself and family?

In some respects this man's early life and my own are much the same. I left the railroad to take up dentistry. When I entered my freshman class I had \$165.00. I worked, did without enough at times, and borrowed from a relative to get through and stood in a corner of the room while putting on my graduation gown so my classmates would not see my torn shirt. I passed the State Board with \$6.00 borrowed money in my pocket.

I selected my present location after two dentists had failed there, bought some equipment and gave notes for it. Now I was ready to practice. From the first I had work to do. This is a small place with a great deal of cheap work being done in the large city, eight miles away on the car line. So I could not expect big prices. My charges were, extractions 50 cents to \$1.00; plates \$15.00 to \$20.00; S. F. \$1.50; Syn. \$2.50; G. Crowns \$5.00 to \$8.00.

My first week I took in \$14.00, and since then work has run up to \$200.00 per week, cash. I make every patient a chart, tell the price, and ask a deposit before the work is started. The work is paid for as it is done. In three years and six months I have lost only \$35.00, which is remarkable.

I know what my expenses are each month. Owe no one a cent, although when I was graduated I did owe \$1,200 which I paid off by setting aside \$50.00 a month. I married after starting practice and have one child. Every week we lay up something for our rainy day, and at the same time I am buying property through the building association. We live well and dress well, but within our means at all times. I have a machine, a Buick 4, which we surely enjoy, and I take off each Wednesday afternoon in the summer to play ball and I also play Sunday afternoon. In this way I keep in trim. We live as

well as anyone in town and I carry enough insurance of the ten, fifteen and twenty year plan to protect my wife and child if anything happens to me, and also to protect myself in years to come. I also carry a health and accident insurance to protect us when sick, as it did when I had the influenza several times.

My office is not the most modern, but enough so that I can give my patients the work they pay for with all antiseptic precautions observed.

After being here two years my practice was so large at the old fee I couldn't take care of it and have any time for myself, so I simply raised my fees. This paid me better, cut out some of the undesirables and left me some leisure time. These are all the conditions now.

What more can a dentist in business three years and six months ask? I think if more of our profession would adopt the "part down pay-as-you-go plan" with no bills to send out at the end of the month, lay up at least a little each week, pay promptly and carry some good insurance and take a few hours off now and then, they would be better satisfied with their lot.

Too many of us are afraid of public opinion and ethics. This is the story of my life. Have I succeeded so far or not?

You may print this if you think it worth while. It may help some brother who is afraid to say, "A deposit down," or to be seen in the bank depositing the small sum of \$10.00.

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### Facts in the Life of John Doe (Dentist)

Born in 1860, fifth child in family of ten. Attended common school till 12 years old. Attended County Seminary till 16 years old. Taught school from 17 to 24, and attended State Normal from 17 to 24, when not teaching. Appointed U. S. railway mail clerk at 24 years. Married at 24 years. Served as mail clerk 6 years, then as street-car conductor 7 years. One son born, but died in infancy; was only child they had.

Appointed clerk in City Health Department, served 4 years. While in Health Department attended night law school; graduated, and was admitted to the bar. Did not make much money as a lawyer. Returned to his father's farm where he lived as a boy. Farmed two years. Poor crop and poor results; owing to panic no prices for crop. A younger brother who had been practising dentistry induced him to also enter dental college, which he did, and graduated from the Dental Department of St. Louis University at 41 years of age, in 1901, the oldest in his class.

Began practice in town of 1,000 people in 1901; remained in this town 6 years; did a gross business of \$30,000.

Sold out and went to Klondike, as he had with six others grubstaked a gold prospector and sent him to Klondike. Sold his gold

claims for 10 per cent more than he put in said claim; and then he and his brother grub-staked another prospector and sold one-fifth of these claims for \$2,000, on condition that said dentist would go to Klondike and superintend the spending of the money in developing the placer gold claim. On arrival at Klondike, after investigating, concluded said claim was no good. Returned to native state and gave \$1,200 of \$2,000 back to the old boyhood friends who put up the \$2,000, as \$1,200 was all that was left after paying all bills incurred by said prospector. Located in another small town of 1,000 people, made—gross—\$40,000. Adopted a little orphan girl 2 years old, educated her, and she is now expert accountant in the largest implement manufacturing company in the state. In 1905 bought twenty acres of land in the Modeste Irrigation District in Sunny Stanislaw County, California. For \$1,800 had thirteen acres set out in Thompson seedless raisins, peaches, and figs, from which thirteen acres since 1913 gross revenue has been from \$1,500 to \$6,700 annually. Has a good fruit man in charge of his California ranch, owns a lovely home in Southern California 40 miles east of Los Angeles, at Pomona, California, among the lovely citrus groves; fruit ranch of 20 acres. Returns as good as \$100,000 Government Bonds annually and nearly as certain; not for sale. Home in Pomona worth \$5,000; not for sale. Always did work on installment plan when asked to do so. Never lost \$100 all told on bad accounts. Never sent but twenty duns to pay accounts. Never sued anyone to collect account. Did much *charity work gladly* for poor people. Always was defective in hearing in right ear, but can use 'phone. Right eye has curvature of optic nerve from scarlet fever, and cannot read ordinary print with that eye; left eye O. K.

Has been a member of M. E. church since 14 years of age, and for many years been a member of following lodges: M. W. of A., Royal Arcanum, Independent Order of Red Men, Royal Neighbors, Knights of Pythias, and a Royal Arch Mason.

Besides owning his fruit ranch and Southern California home, owns a home in present location worth \$2,000, and has \$4,000 cash in bonds, etc. Never used alcoholic drinks nor tobacco in any form.

Has travelled much. Been to Klondike, Yukon Province and British Columbia, Old Mexico, and has been to Florida eight times. Has crossed the Rocky Mountains eighteen times. Has been in every state in the Union except 13 states. Never had a dollar given to him that he did not earn by his own efforts. Has always given freely to church and society and charity. Out of the large family of children, the oldest now 70, himself now 60, and youngest brother now 48, and the father now 91 years old, are all that are left.

His prices for dental work ranged from \$1 to \$4 for amalgam fillings, plus treatment; gold fillings from \$2 to \$6; vulcanite plates from \$25 for both upper and lower to \$40 for both; aluminum plates \$30;

gold plates \$60 to \$100. Extractions always 50c. to \$1. Treatments according to time. Is now in favor of and *does* extract all pulpless teeth as a menace to health, and in all his practice has sent much work to a dental laboratory, thereby getting more time for chair work.

In 36 years of married life wife was only sick at birth of baby, and he had only one sick spell. Wife always was and yet is his office assistant. They both love the country and have a good garden and many flowers and a large yard in which to exercise. Never did any night-work, and only very few times worked on Sunday. Walks from one to six miles daily. Wife and dentist hale and hearty and eat only 7 o'clock breakfast and 6 P. M. dinner; sometimes some fruit or sandwich at noon lunch, but more often no noon lunch.

Met many reverses by losing employment from political party changes, and accepted various kinds of jobs in early life to make a living. Worked during panic at \$1.50 a day. Never bought oil stocks or mine stocks, except the Klondike venture named. He hopes to live to be 100 years young; now will soon be 61. Has his life been a success or a failure?

He values his fruit ranch at \$40,000; his Pomona, Cal., home at \$5,000; his Illinois home at \$2,000; cash, bonds, etc., at \$4,000.

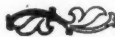
Always a member of State Dental Society and National Dental Society. Always practised in Illinois only, though he holds dental license in Illinois, Texas, Oklahoma, and Missouri, and is a member of the bar as legal practitioner in the States of California and Ohio, and would be by courtesy permitted to plead in any court in any state.

I think he has been a success, but he told me he often thought he had made a failure of his life. He has many, many friends and always is called upon to make a speech at all banquets of his lodges, etc., and greatly praised for his remarks at such times.

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## The Coming Hero

Westward, ever westward, the course of Empire takes its way. Here in America the stage has long been set for the Fifth Act of the Drama of the World's Economic Emancipation. The preceding acts have had for their heroes the soldier, the priest, the statesman, and the lawgiver. But the hero of the Fifth Act is the Business Man. This is the modern crusader through whom the world is to be set free from egotism, false pride, dreams of dominance and that disease of nations which a distinguished alienist calls bellicose psychosis, verging on paranoia.





## PRACTICAL HINTS

This department is in charge of Dr. V. C. Smedley, 604 California Bldg., Denver, Colo. To avoid unnecessary delay, Hints, Questions and Answers should be sent direct to him.

**NATURAL CROWNS AND DUMMIES.**—Many teeth free or comparatively free from dental caries are extracted and thrown away that could be utilized in making individual crowns and dummies. They may also be used in constructing plates. They may be obtained from extracting specialists by paying a nominal fee or slightly more than the price paid by college clinics.

The teeth used are selected as nearly as possible to match the case requirements, viz., size, shape, color, texture, and may be prepared as a Davis or Justi removable pin crown. It is sometimes advisable to use two to four pins in the molars. The color should be slightly lighter than case requirement; this is easily obtained by placing the tooth in  $H_2O_2$  till desired lightness is shown. When the grinding is finished, the dentine may be moistened with Zinc Chloride and desiccated with hot air; this repeated two or three times will penetrate the tubules forming an impenetrable compound assuring permanency of color and preventing decay.

The Zinc Chloride treatment has one artistic advantage, viz., preventing the change of color; if not used the chemical action of the saliva will in time render the natural crown the same color as the patient's own teeth. Teeth to be used for natural crowns should never be allowed to become dry. They should be placed in a two to five per cent Lysol solution as soon as extracted; this prevents enamel checking and renders them sterile.

A natural crown is to a jacket crown as a real pearl is to an imitation.

JOSEPH HOMER.

**A DIRECT IMPRESSION OF A GINGIVAL CAVITY.**—To secure a good direct impression of a gingival cavity having margins slightly under the gum, for which you wish to make a gold inlay, select a 30-gauge copper slip as wide as the tooth, an inch long; anneal contour to the tooth, festoon to the gum, polish smooth, stick the end in cocoa butter, fill gingival cavity good and full with impression wax, hold festooned end of copper



slip even with the gum and flat against the tooth; then warm flat end of a large Woodson Amalgam condenser and hold it against the copper slip opposite the wax; as the wax softens slip the copper under the gum and then withdraw, keeping copper slip flat against the tooth. Preserve every slip for future use. Attach sprue wire to impression for withdrawing.—F. U. EMLEY.

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*Editor of Practical Hints:*

Referring to DENTAL DIGEST, June, 1920, in answer to Dr. J. J. Fischman's inquiry, will state for one that during my 16 years' practice I have never made any Open Faced Gold Crowns. Why? For the reason that all of them that I ever saw in the mouth were a failure from every angle.—F. U. EMLEY.

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*Editor of Practical Hints:*

The case concerning defective enamel printed in the DENTAL DIGEST for June, and signed W. J. Weber, appeared just after I had had a similar experience. A boy of about 15 was sent to me for examination by an institution in this city, and I found every tooth presenting badly defective enamel. The patient also presented a Class 2 malocclusion with undeveloped mandible and protruding upper teeth. A history of the case disclosed the fact that at the time of eruption of the teeth the child had measles, with a series of colds following and later pneumonia. I was puzzled as to what to do since the question of expense was a great consideration, and so I advised doing nothing for the present. I did, however, explain treatment by making porcelain jacket crowns, and as an alternative the careful filling of the defectively-covered surfaces and pits with plastic porcelain. This latter treatment would be less expensive than the other, although it would not be quite as neat a piece of work. Perhaps a combination of both methods might be a solution of the case for W. J. Weber.—CLEMENTINE L. FADER.

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*Editor of Practical Hints:*

In a recent number of the DENTAL DIGEST, F. P. Simpson, asks if there is any way of sterilizing used modeling compound.

The following, so far as I know, is original, and I am satisfied will destroy germs of every race, class or creed, and render his compound perfectly sterile.

Place your used compound in a vessel of cold water—allow thirty minutes to reach the boiling point—hold it there for fifty-five minutes; remove from the fire, and to each pound of softened compound add one-half ounce of nitric acid (the acid neutralizes any alkali which the compound may have absorbed from the water).

Now to each pound of compound add two ounces of Ivory Soap, 99 per cent pure; wash well. The soap makes it clean, and at the same time neutralizes the acid. Now strain; roll into sheets one-fourth inch thick, and cut into squares.—S. LOCKE, D.D.S.

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*Editor of Practical Hints:*

I wish to write to you regarding a case which I admit is very discouraging.

A lady 21 years old, healthy, with no apparent physical weakness or otherwise. All the gold foils and inlays pure gold, but turn copper color or brownish. No mouthwash seems to help it, and I clean the teeth every month to keep the color of gold natural. Can you advise a treatment?—F. C. SECOR.

ANSWER.—I cannot tell you the cause of this discoloration, but will publish the question and perhaps some other reader can enlighten us.—V. C. S.

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*Editor of Practical Hints:*

Can you give a practical method for sterilizing both straight and right angle handpieces that will not impair their usefulness? The quicker the method the better.—F. H. WINSHIP.

ANSWER.—I cannot tell you whether this method is as thorough or satisfactory as it should be; but the method I use is to have the girl wipe the handpieces off with alcohol between patients. Perhaps other readers can suggest better methods.—V. C. S.

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*Editor of Practical Hints:*

After fifteen years of active practice, twelve of them in a location where open faced crowns were thought by most dentists in the immediate vicinity to be the correct thing, especially in the upper anterior mouth, I can heartily agree with the remarks of J. Julian Fischman, also the comment of the editor on same.

My observations have led me to consider them contra-indicated in all cases where I have ever seen one placed, owing to the difficulty (amounting to practical impossibility) of getting margins to fit closely enough to insure against cement dissolving out from under the crown, leaving an ideal situation for decay, etc.; also the difficulty of close adaptation of gingival margin.

The following is the nearest I ever came to making an open faced crown:

Lady with peg lateral wished something to cover it to make more harmonious appearance, so I made shell crown, cutting away labial surface as in open faced crown, re-enforcing incisal edge, placing crown

in position on tooth, filling in labial portion with softened temporary stopping, removing crown and then cementing in place. After cement had well set, removed stopping, filling face of crown with De Trey's Synthetic, and had a very pleasing restoration that did not leave any exposed tooth or cement margins to dissolve away.

I find this an effective way of restoring vital anteriors with practically no display of gold, and understand that other dentists are using this method also, but at the time of constructing the first crown of this kind, it was an experiment of my own.

The average case requires grinding the enamel from labial surface of tooth to make room for some bulk of "Synthetic."

A. P. KILBOURNE, D.D.S.



## October

The sweet calm sunshine of October, now  
 Warms the low spot; upon its grassy mould  
 The purple oak-leaf falls; the birchen bough  
 Drops its bright spoil like arrowheads of gold.

—Bryant.

## EXTRACTIONS

Lies fly. Truths saunter.

Duty is usually too plain to be attractive.

We give advice because it is practically impossible to sell it.

A man's only chance to get ahead in this world is to be born with one.

Someone has defined a bolshevist as "a brain-storm entirely surrounded by whiskers."

Salesmen make paths into the forests of prejudice which afterwards become streets of a metropolis.

When an Eastern man meets a Los Angeles friend here on a visit he grasps his hand and says "shake!"

Futurist verse is no more a new form of poetry than sleeping in a ditch is a new form of architecture.

Man laughs at women for wearing furs in summer—laughs until his hot, rasping, stiff linen collar nearly chokes him!

The violet is no longer an emblem of modesty. When it comes to the shrinking stuff the dollar is now champion.

"What are you taking for your cold?" asked a friend of another.

"Make me an offer," was the pathetic reply.

A Cincinnati judge and his son, on a vacation of two weeks, spent their entire time following Babe Ruth around the American League circuit.

Over the doorway of Jefferson Medical College in Philadelphia, is a Latin sentence, which translated, reads: "The gods sell everything for work."

Don't you remember the good old days when somebody would ask you if you noticed how sunburned the bathing girl was, and you looked at her face. . . .

You don't need to stay awake nights on account of it, but it is just as well to know that Marshal Foch was born with only four toes on his right foot.

Consider the postage stamp, my son. It toils not, neither does it jazz, spin, or perform rolling stone stuff. Its usefulness consists in its ability to stick to one thing until it gets there.

(Prof.)—What is density?

(Student)—I can't define it, but I can give a good illustration.

(Prof.)—The illustration is good, sit down!

A small boy rushed into a drug store and excitedly called for some liniment and cement. When asked why he desired them both at once he said nervously, "Pa hit Ma with a cup."

(Teacher)—Now, who can tell me what happened to Lot's wife when she looked back at Sodom?

(Boston Boy)—She was transmuted into chloride of sodium.

We do not wish to correct Wesley, or whoever it was that spoke of godliness, but when paying our laundry bill this week it occurred to us that cleanliness is next to bankruptcy.

(Ardupp)—I say, old man, will you endorse a note for me?

(Editor)—My dear friend, my professional training forbids me having anything to do with paper written on both sides.

A motorist was stalled by the wayside. His companion asked: "What is the horse power of your car?"

The motorist answered: "She is rated at 40 H. P., but it looks as though thirty-nine of the horses were dead."

A Western man on a visit to New York writes to his home paper that in the telephone book he reads in big, black type the following: "I want an ambulance." "I want a policeman." "I want to report a fire." Such is life in New York.

William Jennings Bryan, when out peddling his rhetoric about politics and prohibition, travels considerably over the railroads. Indeed, he always boasts about the fact that he has been over nearly every line in America. On one occasion he thought he was entertaining a number of passengers in an observation car with the story of his railroad experiences, but there was one member of the group who looked bored to death by having to listen to Bryan's gab about himself, and when he got a chance to speak, he said:

"I say, Bryan, this is your first ride over this road, isn't it?"

"Yes," said William J., "this is my first trip along this mountain line."

"I thought so," said the bored one. "Well, listen; draw in your ears, we are coming to a tunnel!"

# DIETETICS AND HEALTH

## Suggestions for Poor Sleepers

Insomnia continues to be one of the great medical problems of the day. It is found to be no easy matter, however, to render any specific help to victims, for insomnia has many causes.

Still, there are certain general suggestions beneficial in the great majority of cases. This because most insomnia is a product, not of serious conditions of organic disease, but of faulty bodily or mental habits.

Many people, for instance, sleep poorly because of eating the wrong kinds or the wrong amounts of food. The undernourished are prone to sleep poorly. So are those who overeat or are partial to foods that tend to cause intestinal poisoning and nerve irritation.

Excessive indulgence in meat, sugar, salt, tea, or coffee is a frequent factor in producing sleeplessness. The elimination of a single favorite food may be found sufficient to effect a cure.

Or sleeplessness may develop as a symptom of hunger. Early morning wakefulness is often thus caused. For which reason those who wake too early may be helped to fall asleep again by drinking a glass of milk or eating some crackers as soon as wakefulness comes.

The matter of bed-covering and ventilation of the bedroom is of prime importance in many cases.

Some people are wakeful because they are too cold in bed, others because the bed-coverings are too heavy and hot. Also some suffer from insomnia because they are afraid of fresh air and do not permit an ample supply of it in their sleeping quarters.

Wholly psychic causes of sleeplessness must also be taken into account.

Many insomniacs—I am tempted to say most—create their insomnia by self-suggestion. Wakefulness for a few nights gives rise to the fear that wakefulness may become chronic. Then it does, indeed, tend to become chronic.

Here the needed remedy is a strong counter-suggestion to the effect that one can and will sleep readily. This idea, fully accepted, may banish insomnia as by magic.

Worry over anything is notoriously sleep-disturbing, if only because

worry causes tension both of mind and body. When tension of any sort is present, sleep is gained with difficulty.

Herein we find a valuable hint for insomniacs. Cultivate the art of mental and physical relaxation.

On going to bed relax your muscles, letting the bed support you, rather than holding yourself tensely in it. Close your eyes, breathe slowly, assume the posture of sleep, no matter how wakeful you feel.

And turn your thoughts from problems and cares of the waking life. Think of something pleasant that has occurred to you or to some friend of yours during the day. Build castles in Spain.

You may say that you cannot do this, that the unpleasant holds you much too firmly. But you can always sidetrack unpleasant thoughts and substitute pleasant ones, if only you will make an honest effort.

Finally, whatever course you take to regain sleep, do not take the easy course of drugs. These can never truly cure insomnia, and they may merely add a drug habit to the habit of sleeplessness.

N. Y. GLOBE.

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## Chronology of Prohibition

In 1642 the Colony of Maryland passed the first law punishing drunkards by a fine of 100 pounds of tobacco. In 1648 the Indians in the Valley of the St. Lawrence held a temperance meeting.

The Virginia Assembly in 1664 passed a law prohibiting ministers from giving themselves to excess in drinking. Later Maryland forbade more than one gallon of liquor to be sold to any Indian in one day. About this time the Quakers became disturbed over drunkenness at funerals; but Congress thought it advisable to allow a ration of one-half a pint of spirits and a quart of beer to the navy!

From 1805 until 1919 the battle between the wet and dry elements has been waged vigorously and incessantly, first in townships, second in municipalities, next in the State itself, and finally as a national issue. For a while the temperance movement was confined to church organizations, but in 1833 we find the first record of legislation, when the State of Georgia gave the right of local option to the inferior courts of two counties.

The first State-wide prohibition measure became effective in 1851 in Maine. Other States followed suit.

In 1869 the National Prohibition Party was formed in Chicago.

In 1890 President Corbin of the Reading Railroad ordered the discharge of all employes who frequented drinking places. The next year the Delaware, Lackawanna & Western Railroad discharged employes who signed a petition for saloon keepers for license.

The Anti-Saloon League was founded at Oberlin, Ohio, in 1893.

Between 1893 and 1918 there was a succession of victories for the drys.

In 1917, before we entered the war, 87.8 per cent of the area of the United States was under no-license and only 12.2 per cent of the area was under license. At this time 60.7 per cent of the people were living in dry territory which they themselves had made dry by the referendum vote or by State legislative enactment. Only 39.3 per cent were living in wet territory.

After the armistice was signed an emergency "war-time" prohibition measure was enacted, November 21, 1918. The Eighteenth Amendment to the Constitution became effective January 16, 1919.

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## Eating to Live

According to some authoritative writers whose opinions upon health and disease carry weight with the general public, the chief cause of dental disease and defective jaw development is a positively known and settled thing. Dr. Leonard Williams, in an article published last month in a London evening paper, states that the assumption that foods should be cooked, upon which modern theories of dietetics have been based, is entirely unwarranted. He stresses the vital and all-sufficient importance of eating raw foods, and concludes his article as follows: "If vitamins-containing, that is, raw foods are given in sufficient abundance there will be little trouble with the modern diseases above-mentioned, and none with dental disease. The way to get rid of dental troubles in the young is to treat the children as we treat puppy-dogs, by giving them something they must chew, and make them, in fact, work for their living."

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## Grateful Patient Licks Dentist's Hand

It is not very often that a dentist has a patient so appreciative that he kisses his benefactor's hand. "Grateful patients" of the dentist may express themselves so after a lapse of time has dulled the agonizing remembrance, but an immediate and joyful expression of gratitude as soon as the painful work is done, is seldom recorded in dental annals. But such an experience was the happy fate of a dentist who recently pulled the aching tooth of a dog belonging to an American Red Cross worker in Paris. The small canine wept bitter tears while the job was being done, but once the tooth was out and he realized that he yet lived, he turned around and with the tears of pain turned to tears of joy, he licked the hand that had hurt him.

"I am embarrassed at this unusual exhibition of gratitude," said the dentist with a blush. "I have done this work for twenty years, and this is my first experience along these lines."



# THE BEST OF CURRENT THOUGHT

## The Code of Ethics



QUESTION—Has the time-honored, much discussed, much revised Code of Ethics served its day and generation? Should it be superseded by something more in keeping with professional ideals of the present day? These are years of progress, and particularly so in the professions pertaining to the healing art. The conclusions and ideals of yesterday are on the scrap-heap to-day. We are continually moving forward to better things. Can as much be said in connection with our Code of Ethics? It has undergone little or no change in the last quarter of a century. Why this exception to the great law of progress? Has it within it so much of the angelic and Divine that it is beyond the laws of growth and decay? This is at least a debatable question.

What do we mean by "Professional Ethics"? Simply the principles of morality or ethics lived out in the professional life.

The ordinary Code of Ethics of to-day resembles too much an ordinary set of rules and regulations for the guidance of professional men in the conduct of their practice—"Thou shalt" and "Thou shalt not"!

The truly ethical man is one who is ethical or moral in all his professional relations, because the principles that govern that man's life would not allow him to be otherwise. He will not speak disparagingly of a neighboring practitioner because the code rules it as unethical, but because his whole being abhors such an act.

Professional ethics is, as we have said, great moral principles carried into and demonstrated in professional life.

The old Hippocratic Oath, which had its origin two thousand years before Christ, and which forms the basis of all modern medical Codes of Ethics, is a clear statement of the great principles which should govern members of the healing professions. Its essentials are worth quoting:

*"I swear by Apollo, the Physician, and by Æsculapius, that I will reckon him who taught me this art equally dear to me as my parents, to share my substance with him and relieve his necessities if required, to look on his offspring on the same footing as*

*my brothers. I will follow the system of regimen which, according to my judgment, I consider for the benefit of patients, and abstain from whatever is deleterious. I will give no deadly medicine to anyone if asked, nor suggest any such counsel. With purity and with holiness I will pass my life and practise my art. Into whatever homes I enter I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption. Whatever in connection with professional practice or not in connection with it, I hear or see in the lives of men which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret."*

Here we have the principles that should govern the truly ethical practitioner bound up in very concise form. The medical or dental practitioner whose professional life is measured by such a worthy standard is indeed the truly professional man. Rules and regulations are necessary and important for the guidance and direction of children, but as professional men of intelligence, living in the new dispensation, should we not be guided by the spirit rather than by the letter of the law?

Therefore, would it not be a decided step in advance to consign our modern Code of Ethics to the waste basket, and take up anew the old and revered Hippocratic Oath as the principles governing all our professional life and activities?—*Oral Health.*

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## The New "Draw" Game

Within the past few years there has been much said and volumes written here in America about the effects of bad teeth upon the general condition of bodily health. An Englishman has been so impressed with this new fad, that he "sums it up" in the London Daily Chronicle, as follows:

Across the Pond, at Uncle Sam's, where folks are fond of gourds and yams, a comic cult has spread its lure, with strange result—the Dental Cure! Has Silas P. a gouty toe, he craves to see a canine go: derangement of the plexus solar bids him to sacrifice a molar. You never saw, the Press declares, so great a "draw" as dentists' chairs; the waiting rooms are all alive with baseball sluggers off their drive. Embonpoint, molarless, may wear the bathing dress of yesteryear, while tourists hit for higher fares will find relief in dental chairs. For lovelorn lass or jilted youth to find the cure—remove a tooth; for fortune lost there's nothing nicer than snatching out a sound incisor. Perspiring youth across the net may yield a tooth to win a set, and yachtsmen gain a firmer grip upon the Cup with sanguined lip. 'Tis said the

craze may cross the sea and change the ways of you and me; that golfers soon may count it fun to miss a tooth and hole in one. When every ill we have to bear shall vanish through the dentist's chair, how wise the world will grow beneath the slaughter of its wisdom teeth!

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## A Short Method of Plate Polishing

By Stewart J. Spence

I desire to make a short addition to my article which appeared in the DENTAL DIGEST of March under the above caption. That article described a method of smoothing the wax base-plate by use of brush-wheel, and coal-oil, so as to render the scraping and sand-papering of the vulcanite plate unnecessary. The addition is this: To prevent the adhesion of the plaster investment to the vulcanite, which is especially tenacious when the flask has been left unopened a long time after vulcanization, work as follows: After removing the wax, if the plaster is very wet, dry it some, then bathe its surface with a thick coating of liquid silex for about five minutes, after which wash away the silex by a stream of water. The silex will wash away entirely from the teeth, but enough will remain soaked into the plaster to prevent its adhesion to the vulcanite. A similar use of silex applied to the cast (once known as "model") makes a fairly good substitute for tin-foil, but requires for its application the opening of the flask after its closure on the rubber. Unless I am mistaken, this method of using liquid silex originated with R. W. Tench of New York.

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## The Likable Season

There is no season when such pleasant and sunny spots may be lighted on and produce so pleasant an effect on the feelings as in October. The sunshine is peculiarly genial; and in the sheltered places—as on the side of a bank—one becomes acquainted and friendly with the sunshine. It seems to be of a kindly and homely nature. And the green grass strewn with a few withered leaves looks all the more green and beautiful for them. In summer and spring Nature is farther from one's sympathies.—*Hawthorne.*

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## A Surprise for Mexico

President-elect Obregon of Mexico made the statement that he would rather teach the people of Mexico the use of the toothbrush than the use of the rifle. He must have ambitious plans for the future of Mexico.